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# ***JPRS Report***

## **Epidemiology**

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**AIDS**

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# Epidemiology

## AIDS

JPRS-TEP-90-018

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28 NOVEMBER 1990

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## BOTSWANA

### Officer Reports 30 AIDS Cases in Lobatse District

*MB1411084890 Gaborone Domestic Service in English  
0510 GMT 14 Nov 90*

[Text] The Lobatse district medical officer, Dr. Benjamin Ntsapong says close to 30 people have been found to be infected with the AIDS virus in the Lobatse area.

Addressing a three-day AIDS workshop for school teachers in the Lobatse area, Dr. Ntsapong said seven people had already died of AIDS, two of whom had been babies.

The workshop is intended to instill in the teachers an understanding of (word indistinct) in order to integrate health education into the school children.

Dr. Ntsapong said the number of people infected in the country was probably five times higher than the official figure of 765 given in August this year.

He said Francistown was the center with the highest number of cases, partly because it is the focal point for [word indistinct] in the country.

He said after a person is infected with the AIDS virus, they become vulnerable to diseases such as diarrhea, pneumonia, and the common cold.

A similar workshop for community leaders is to be conducted in Lobatse at the end of the month.

## BURKINA FASO

### AIDS Seminar Cites Increase in Number of Cases

*AB221110690 Ouagadougou Domestic Service  
in French 1900 GMT 19 Nov 90*

[Excerpt] This morning in Ouagadougou, about 20 Burkinabe journalists and provincial correspondents began a seminar on the contribution of the media in the fight against AIDS. It is organized by the Burkinabe Association for Family Welfare [ABBF] in cooperation with the International Federation for Family Planning. Here are the major topics discussed today by Jean-Baptiste Ilboudo:

This training seminar on the content of educational messages on AIDS is to allow media workers to take part in the search for appropriate ways and means to fight AIDS. It is a major medium for efforts made by the Ministry of Health and all other parties involved in the fight against the disease. Thus it is within this framework of joint action that ABBF has chosen the media approach to train and sensitize through educational messages in order to concretely contribute to the fight already initiated by the National Anti-AIDS Committee.

The need for this seminar was prompted by the fact that the number of registered AIDS cases in the country has risen from 10 in 1986 to 700 in 1989. In comparison to other countries, the situation is not alarming for the time being here; but it is of major concern when we know that 10 million people are infected worldwide, and no medicine has yet been found in spite of all efforts so far. The solution while waiting for [word indistinct] remains sensitization, education, and training by the mass media, which can help justify the current seminar. [passage omitted]

## CAMEROON

### AIDS Breakdown by Province, Cause

*91WE0012A Yaounde CAMEROON TRIBUNE  
in French 8-9 Jul 90 p 20*

[Excerpts of an article by Jeanne d'Arc Kom: "Bafoussam: Provincial AIDS Seminar"; CAMEROON TRIBUNE introduction is: "The provincial anti-AIDS committee that met in Bafoussam revealed 83 cases reported in the West"]

[Excerpts] [passages omitted] Speaking to the seminar attendees, Mr. Owono Ndi Bonaventure, the province's general secretary, said the fight against AIDS could not be the sole prerogative of health facilities. Everyone—the media, administrative authorities, politicians, and educational and religious leaders—is therefore invited to lend a hand.

To date, 155 cases have been reported in Cameroon, including: 83 cases in the Western Province, 63 cases in Mifi department, three cases in Noun, one case in Menoua, 13 cases in Upper Nkam, and three cases in the Bamoulous. As Nde has no laboratory, it made no declaration.

Also reported were 18 imported cases, 12 cases involving prostitutes, five cases resulting from blood transfusions, and 16 cases of maternal-fetal transmission. Statistics broken down by age show: seven boys and nine girls among children between 0 and seven years; one case among children seven to 14 years; two boys and seven girls among 14 to 20 year olds; 15 men and 14 women among adults between 20 and 29 years; 18 men and 30 women from 30 to 39 years; nine men and 13 women between 40 and 49 years. As far as scheduling of programs for national anti-AIDS day is concerned, it will be done by the provincial committee, department by department.

The governor of the Western Province, Mr. Etame Massoma, is president of the committee.

## ETHIOPIA

### Over 500 AIDS Cases in Country

*EA1711203290 Addis Ababa Domestic Service  
in Amharic 1700 GMT 16 Nov 90*

[Text] The number of cases since the outbreak of the dreaded disease AIDS, has reached 532 in Ethiopia. According to ETHIOPIAN NEWS AGENCY, this was revealed yesterday 15 November in briefing on the spread and control of AIDS to representatives of governmental and popular organizations from Sidamo, Borena, Northern Omo, and Southern Omo Administrative Areas.

During the briefing in Awasa, the participants were enlightened on AIDS by experts from the Ministry of Health's Control and Implementation Department.

## GHANA

### Health Secretary on Traditional AIDS Treatment

*AB1611124290 Accra Domestic Service in English  
2000 GMT 11 Nov 90*

[Text] The secretary for health, Nana Akuoko Sarpong, has appealed to traditional healers to bear with the government in its research work into traditional treatments for the killer disease, AIDS. He said any pronouncement by the government on AIDS treatment without any scientific basis would bring it into disrepute. Nana Akuoko Sarpong said this when he called on the chief herbalist of the Drobó Memorial Herbal Treatment Center, Nana Kofi Drobó, at Ewuasi, near Wenchi. The visit by Nana Akuoko Sarpong was to enable him to assess the needs of the center, especially AIDS patients. At present, there are about 80 AIDS patients receiving treatment at the center.

The secretary said the PNDC [Provisional National Defense Council] is interested in the efforts of Nana Drobó in the treatment of AIDS patients. He, however, explained that results of research work on his treatment will take time to enable the government to come out with a scientific pronouncement. Nana Drobó, who is also the chief fetish priest of the Kweku Freyie shrine, complained about accommodation and feeding of patients of the shrine, which he said had placed a burden on him.

## IVORY COAST

### Study Ranks Country No. 6 for AIDS in Africa

*AB1011210590 Abidjan VOIX D'AFRIQUE in French  
No. 14, November 90 Ivory Coast Supplement p XIII*

[Article by Abdoulaye Sangaré: "AIDS—Ivory Coast Ranks Sixth in Africa"]

[Excerpts] "The AIDS pandemic has now become an extraordinarily acute public health concern of extreme

urgency in Ivory Coast..." This warning from the National Committee for AIDS Control (CNLS) has the alarming sound of a distress call at a time when the anti-AIDS crusade seems to be grinding to a halt, both in the education and sensitization fields.

"This modern plague" is relentlessly gaining ground in the country, in spite of the drawing up of a program to fight the transmission of the Human Immuno-deficiency Virus (HIV) and to control the disease everywhere in the country. In 1988 and 1989, a survey carried out showed that 5 percent of adults living in rural areas and 7 percent in urban centers outside Abidjan were seropositive. A recent survey carried out last February shows that there are 3,647 cases of AIDS in the country. These figures place Ivory Coast as the sixth most affected country on the African Continent, the worst-off of the Third World, at least that part situated south of the Sahara. The same study also shows that 85 percent of Ivoirians suffering from AIDS are 20-49 years old. The age groups most affected are the group aged 30-39 among men and 20-29 among women. It is within these age groups that the highest rate of sexual activity is observed.

The results of a survey on the prevalence of the HIV infection among selected groups in the Abidjan metropolitan area allows for a clearer picture of the development of the AIDS pandemic. Ten percent of blood donors, 10 percent of children 15 to 71 months admitted in hospital, 12 percent of pregnant women, and 58 percent of hospital patients in the infectious disease ward have HIV. Another study conducted a year ago on 698 adult cadavers at the biggest mortuaries in Abidjan showed a prevalence of HIV infection of 41 percent among men and 32 percent among women.

It is now established that AIDS kills more men than all the other diseases, including malaria. In Abidjan, 15 percent of male deaths, and 13 percent of female deaths are caused by AIDS; among the latter, it ranks second to maternity-related deaths. Beyond mere statistics, the AIDS pandemic in Ivory Coast presents a highly alarming peculiarity with the incidence of two forms of virus: HIV-1 and HIV-2, the former being the most widespread. A study showed that 22 percent of a group of patients was infected by both viruses. New complications both in the epidemiological and therapeutic approaches will inevitably crop up. [passage omitted]

Infant mortality due to AIDS could increase to 50 percent in urban centers in Black Africa. The public health concern brought about by AIDS is "extraordinarily acute and extremely urgent." Therefore, should one not go beyond mere awareness campaigns and education directed toward so-called risk groups, as envisaged by the CNLS, when it is known that this strategy has the weakness of leaving out sometimes hard to identify intermediate groups? [passage omitted]

Is national solidarity not a precondition for appeals for funds from abroad? Ivoirians do not ask themselves all these questions. Between the collective psychosis created

by the increase in crime and the individual agony caused by AIDS, society's unequivocal choice has already enabled the government to collect over 1 billion CFA francs to fight the former. Should AIDS also be allowed to cause the same psychosis before getting the attention it deserves?

**Specialist Says 15 Percent of Deaths Due to AIDS**

*AB2610190090 Abidjan Domestic Service in French  
1930 GMT 23 Oct 90*

[Excerpt] A headquarters for the Ivory Coast retrovirus project was inaugurated this afternoon in the presence of the minister of health and population in the building where the infectious diseases ward was formerly hosted at the Treichville Teaching Hospital. This headquarters is a research project which will be aimed at better understanding infections by certain AIDS viruses like the HIV 1 and the HIV 2 and the development of AIDS in Ivory Coast. The headquarters will also participate in training the medical personnel and preventing and controlling AIDS in cooperation with the national committee for the fight against AIDS.

Dr. Kevin Decock of the Infectious Diseases Control Center of Atlanta in the United States and director of the Abidjan AIDS headquarters explains to our correspondent, Aron Bade, the reasons for setting up this headquarters in Abidjan. [Begin recording]

**Decock:** It is an AIDS research project because we think that AIDS and the HIV infection in West Africa is an important problem for everyone: for Ivory Coast and for the rest of the world. This project has been initiated to find solutions to this problem. The problem of HIV and AIDS in Ivory Coast is very serious.

I think that today AIDS is probably the priority of public health in Ivory Coast. We can speak about the prevalence of the infection, that is to say the extent to which a person is infected. We can also speak about the incidence of the disease or the mortality rate due to the disease—in other words the number of new cases of the disease and the number of deaths caused by AIDS.

In Abidjan, there is prevalence in pregnant women and blood donors, who are to some degree representative of the population in general. The proportion of infected persons is now more than 10 percent. The number of new AIDS cases is on the increase and has outnumbered cases found in other African cities like Kinshasa, for example. AIDS is now the number one cause of death among adults in Abidjan. It is the number one cause of death among men and the number two cause of death among women, after maternal mortality.

**Bade:** Do you have any idea how many people have died of AIDS?

**Decock:** We believe about 15 percent of male deaths and 13 percent of female deaths in Abidjan are due to AIDS. [end recording] [passage omitted]

**KENYA**

**Over 9,000 Deaths From AIDS**

*EA3110150190 Nairobi KTN Television in English  
0500 GMT 31 Oct 90*

[From the press review]

[Text] THE STANDARD also carries on its front page a revelation by the director of medical services, Professor Joseph Oliech, that AIDS has so far killed over 9,000 people in the country.

**MOZAMBIQUE**

**134 AIDS Cases in Mozambique**

*MB1010115790 Maputo Domestic Service in Portuguese  
0800 GMT 9 Oct 90*

[Text] Mozambique has reported 134 AIDS cases to the WHO. The WHO reports that our country has the largest number of AIDS cases among the five Lusophone African countries.

Guinea-Bissau has reported 123 AIDS cases, compared to 104 cases in Angola and two in Sao Tome and Principe.

More than 288,000 AIDS cases had been reported to the WHO from all over the world by 30 September 1990.

**NAMIBIA**

**Epidemiologist Details Country's AIDS Figures**

*MB0611100090 Johannesburg SAPA in English  
0823 GMT 6 Nov 90*

[Text] Windhoek—Namibia recorded its highest ever monthly AIDS fatality rate in September with the death of two of the 62 new reported cases, Nambc [Namibian Broadcasting Corporation] radio news reported.

Ministry of Health and Social Services epidemiologist Mr. Steve Titus said 316 new cases were reported in Namibia during the first nine months of the year, bringing a cumulative total of 505 cases.

A total of 42 AIDS-related deaths have been recorded since 1986.

Mr. Titus said statistics indicated the number of AIDS cases in Namibia doubled every eight months.

A regional breakdown for 1990 showed most cases occurred in the central region where 91 cases were reported.

Caprivi, in the north-east of the country, followed with 80 cases while 36 cases were reported in the populous Ovambo region, also in the north.

Only two known cases of AIDS have been reported in the south of the country since the beginning of the year.

### AIDS Awareness 'Urgent' in Caprivi Strip

*MB1810125290 Johannesburg SAPA in English  
1245 GMT 18 Oct 90*

[Text] Windhoek—A total of 443 known cases of AIDS had been registered at the Namibian Ministry of Health and Social Services up to the end of September, NAMBC [Namibian Broadcasting Corporation] radio news reports.

A spokesman for the AIDS Control Programme, Sustjie Bumba, said the increase of 47 new cases since the last figures were revealed, could be ascribed to the success of the AIDS awareness week, held by the Ministry last month.

Mrs. Bumba said since the start of the campaign, AIDS Control Programme (ACP) workers had been inundated with inquiries from both the urban and rural population.

The ACP was organising an AIDS workshop for health workers in Caprivi next week.

Mrs. Bumba said the AIDS awareness programme in Caprivi was particularly urgent, as the region was experiencing frequent border crossings from neighbouring countries like Zambia and Botswana.

## NIGERIA

### Commentary Discusses AIDS in Country

*AB1011090490 Lagos Domestic Service in English  
1800 9 Nov 90*

[Demini Aladjigoun commentary]

[Text] [Words indistinct] the disease in the United States of America in 1981. At that time, no one knew the disease would become an [word indistinct] comment of extraordinary dimensions. By December 1987, 128 countries had reported over 22,000 cases of AIDS, and by the 1st of August 1988, more than 100,000 cases were reported to the World Health Organization global program on AIDS. The concern of the world community today is not where AIDS originated from, but how the spread of the disease can be prevented.

In certain people, the AIDS virus remains dormant and they may remain infected for life. Such people may also spread the disease to others while not developing symptoms of AIDS themselves. In others, after months and years, the AIDS virus becomes active and multiplies rapidly spreading through the body. It destroys the vital elements of the immune system thereby rendering the body susceptible to illness, infections, and cancer. AIDS

cases occur mostly among young homosexuals, bisexuals, and intravenous drug users. However, a number of cases arising from man-woman relationships is now said to be higher than cases among homosexuals, bisexuals, and drug users.

In Africa, reports of AIDS have increased substantially in the past three years. The major factors responsible for its spread in the continent are sexual transmission, transfusion of unclean blood, the use of unsterilized syringes, and a mother-to-child transmission. It is a matter that should arouse great concern as the disease can spread in such an alarming degree in Nigeria. The minister of health, Professor Olikoye Ransome-Kuti, recently disclosed that more than half a million Nigerians have contracted AIDS with Anambra State having 20 percent of the carriers while Lagos has 18 percent.

Speaking at the opening of a workshop on safe motherhood in Lagos, the minister expressed anxiety that the number of people testing positive or having the disease was rapidly growing daily. And he rightly observed that the present figure could not even be an accurate representation but an estimate, because the screening exercise could not get to everyone. If anything, the figure of those carrying the virus and those actually infected are likely to be much higher than 500,000.

A pertinent question now is: What should be done to wipe out this dreaded and usually terminal disease from the country? The fight against AIDS in Nigeria has been mainly in the area of prevention. There are special screening equipment in centers in every state capital where members of the public can go for screening. Also, a national information network was put in place about two years ago to educate the general public on the dangers posed by AIDS, the way it is spread, and ways of preventing it. The minister also mentioned efforts by the mass media to sharpen public awareness of the disease. These are why its continued spread is surprising.

It needs not [words indistinct] to get to the level that was reached in some countries of the world while researchers are still struggling to find a very elusive cure for AIDS. We would wish to identify with the call by the minister on individuals to ensure that they do not contract the disease by all means. People should avoid indiscriminate relations with the opposite sex and stick to the same partners. People should also avoid accepting injections from pharmacists or quack doctors. There is also the need to intensify the screening of foreigners coming into this country at the various entry points. Perhaps, it is necessary to ensure that such persons are screened before they obtain visas to enter the country in the first place. The treatment of persons with AIDS is very complex and intensive. It involves killing the virus itself, restoring immune functions, and curing or suppressing any infections that attack victims.

Despite considerable research, effective treatment in all these areas has still not been found, and a direct attack on the virus itself remains difficult. Experts have said

that there is little chance that is based on [words indistinct] on effective [word indistinct] to protect people not yet affected by the virus would be available for global use until the middle of this decade. Therefore, it is up to individuals to ensure by conscious efforts that they do not contract AIDS.

## SOUTH AFRICA

### Survey—Blacks Feel Family Planning 'Government Plot'

*MB1910125590 Johannesburg SAPA in English  
1247 GMT 19 Oct 90*

[Text] Forty-five percent of blacks in South Africa's major metropolitan areas are of the opinion that family planning is a plot by the government to reduce the black population.

This is one of the findings of a recent survey undertaken by Decision Surveys International (DSI) among blacks living in Johannesburg, Cape Town and Durban, and released in Johannesburg on Friday.

DSI said in a statement that in spite of a realisation that smaller families were economically desirable and that families should often be planned, traditional norms and practices still exerted a considerable influence on blacks living in South Africa's major metropolitan areas.

According to the survey, 47 percent of those questioned agreed that a man without children would be poor in his old age, 43 percent that a man who had fathered many children commanded more respect, and 45 percent were still of the opinion that family planning was a plot by the government to reduce the black population.

Over half (59 percent) of women felt, however, that even if her man was against it, she should practise birth control, while only 23 percent of men were in agreement.

Over half of those spoken to said they would never stop using sangomas or inyangas ("witchdoctors"). This was also true of younger people and was more often said by men than by women.

The survey found that in spite of the adherence to traditional values, 41 percent of city blacks had at some or other attended a family planning or youth health centre and a quarter of them had done so in the past year. They were mostly women in their child-bearing years.

Only 16 percent of those questioned claimed to belong to a medical aid scheme. They were almost exclusively in a higher income bracket.

DSI said it would appear that education on AIDS was reaching the urban black adult. Only 17 percent could not offer a description of how the disease was caught and tended to be those aged over 50 years.

What the survey found encouraging was recognition of how to avoid catching the disease: 69 percent said they should keep to one sexual partner and 35 percent said condoms should be used.

### Health Survey Shows 10,000 AIDS Cases in Johannesburg Area

*MB1611144290 Johannesburg SAPA in English  
1626 GMT 16 Nov 90*

[Text] About 100,000 people in South Africa are infected with the deadly AIDS virus, of whom 10,000 live in the Johannesburg - Soweto area, a survey conducted by Johannesburg's city Health Department has revealed.

The survey, released to SAPA on Friday by the City Council, further noted that since 1982, when monitoring of the deadly disease began, the average number of AIDS cases has doubled every year.

The Transvaal has the largest number of affected people, followed by Natal, the Cape and the [Orange] Free State. The survey says men account for 80 percent of all reported cases.

Among the white population group, males outnumber women by 36 to one, among "coloureds" by three to one and among Africans the proportion is equal.

The survey points out that although up to the end of 1989 two-thirds of the country's reported AIDS cases were transmitted by homosexuals, since the beginning of this year, more than half the reported cases have been transmitted by heterosexuals, mainly blacks.

The city Health Department also said by the year 2010, between 10 and 40 percent of the total black population may be infected by the AIDS virus, depending on the availability of an effective vaccine and the scope of preventative health education programmes.

### Half of 1990 AIDS Cases in Transvaal

*MB1510095190 Johannesburg THE STAR in English  
15 Oct 90 p 3*

[Report by Shehnaaz Bulbilia: "Half of This Year's AIDS cases in TVL"]

[Text] Transvaal is the AIDS centre of South Africa with nearly half of this year's 455 reported cases located in the region, according to the Development Bank of Southern Africa.

Alan Whiteside, a researcher for Natal's University Economic Research Unit, said in a recent paper for the bank that the killer disease would be a major drain on the South African economy with minimum cost predictions in five years estimated at R[rand]160 million—or as high as R3 billion.

Mr. Whiteside points out that two-thirds of AIDS cases reported in South Africa this year were white homosexual males.

The incidence of AIDS, while not recorded in the black community until 1987, showed a rapid increase in the numbers of heterosexually transmitted and paediatric cases which had tested positive.

This pattern of heterosexually transmitted AIDS, Mr. Whiteside warns, will be the main mechanism by which the disease will spread in SA.

He predicts that if present trends continue, the total number of AIDS cases in South Africa in five years will stand at about 21,700.

Official statistics have shown that for the first time since AIDS was reported in South Africa, the number of cases among the heterosexual population exceeded those reported in homosexual and others.

In 1982 the first two AIDS cases were reported. To date, there have been 455 South African AIDS cases (13 per million) recorded.

The number of foreigners who do not have permanent residence but have sought treatment in this country have been excluded from the official figures.

Mr. Whiteside presented a paper on "AIDS and Migrant Workers" at the First Global Impact of AIDS Conference in London in 1988. Since then he has done extensive research on the economic implications of the disease.

In South Africa, characterised by high levels of poverty, unemployment and rapid urbanisation, the AIDS pandemic posed a serious threat to the future development of the region, he said.

The bulk of the costs of AIDS to society would be indirect, of which the greatest part would be time lost because of illness and the years lost because of premature death.

Mr. Whiteside pointed out (Aids in Africa) tended to have its initial, and most visible, impact among the urban educated group, and this had serious implications for urban development projects as well as for manpower in the country.

AIDS would affect output and markets, he said.

The report, however, indicates that timeous reaction by the Government and the private sector, through policies and the application of available resources, could still improve the bleak predictions.

#### **Increase of AIDS Among Gold Miners**

91WE0026A Cape Town WEEKEND ARGUS  
in English 22 Sep 90 p 3

[Article by Tom Hood, business editor]

[Text] A new study of the incidence of HIV (AIDS) among gold miners indicates a ten-fold increase in four years.

This is reported by Mr Robin Plumbridge, chairman of the giant Gold Fields of SA (GFSA) mining group.

He said his group had been deeply concerned about the worldwide spread of AIDS.

Until recently South Africa had been regarded as a relatively low incidence country—a view borne out by a major study by the Chamber of Mines in 1986.

Since then, GFSA monitored the situation at the Sexually Transmitted (STD) clinics which were run in conjunction with the group's major hospitals.

By late last year it was apparent that a major adverse trend was developing in the HIV incidence, says Mr Plumbridge in his annual report.

As a result, a study was conducted in the first six months of this year with the co-operation of GFSA's gold mine employees.

"This study indicates a ten-fold increase in the HIV incidence since the mining industry's 1986 study," says Mr Plumbridge.

"This has occurred despite one of the most intensive educational programmes ever mounted on the subject.

"The benefits of these programmes can be judged in the comparison of HIV incidence at various STD clinics which reflects that the incidence at the group's major clinics is about 42 percent of the prevailing incidence at clinics in Johannesburg and 27 percent of the latest available figure for New York city.

"The results of our study have confirmed the need to redouble our educational activities, to expand our counselling activities to handle an increasing number of employees who are unfortunate enough to test HIV positive, to continue monitoring the spread of the disease and to keep abreast of the latest research into prophylactics and cures."

#### **AIDS Figures for Natal Termed 'Alarming'**

91WE0026B Durban THE DAILY NEWS in English  
20 Sep 90 p 1

[Text] More than 100 new AIDS cases—including infants—are being identified in Natal every month while there are now up to 10 AIDS patients in Durban's King Edward VIII Hospital at any one time and several deaths each month.

These ever-spiralling figures were revealed today by Natal's member of the National AIDS Advisory Group, Professor Denis Pudifin, who described the increase in numbers of infected heterosexual blacks as "alarming".

There are now 2,140 known AIDS-carriers (HIV-infected people) in Natal, but this reflects only the tip of the iceberg, as there are many healthy carriers who have not been tested and who are unaware that they are, in fact, AIDS-carriers.

It is believed that more than one percent of the Natal/KwaZulu black population (estimated to be at least six-million people) are now HIV-infected, which means that there are probably at least 100,000 HIV-infected people living in the province.

The head of the National AIDS Advisory Group and South Africa's recognised AIDS expert from the South African Institute of Medical Research, Dr Ruben Sher, said today that the AIDS situation in South Africa could be even worse than the situation in AIDS-ravaged neighbouring African states.

"I think the South African AIDS situation could be even worse than in other African countries because of the mobility of blacks in South Africa (black taxis), the migration system, violence (which increases the incidence of rape) and vast unemployment which leaves people with nothing else to do other than have random sex, the closure of black schools (which encourages sex among teenagers) and other cultural factors", said Dr Sher.

Ignorance, denial and a resistance to changing people's sexual habits were also major contributing factors in the spread of AIDS in this country. HIV-infection in the gay community had "petered out almost completely because of their co-operation and caution", but the spread was just beginning in the black heterosexual population, he said.

The secretary for Health in KwaZulu, Dr Daryl Hackland, said: "We have reached the stage where the escalation curve is almost vertical. The situation worsens by the day."

## SWAZILAND

### Medical Sources say Link Between TB-AIDS Deaths

*MB2211091890 Mbabane THE TIMES OF SWAZILAND in English 22 Nov 90 pp 1, 24*

[Report by Vusie Ginindza: "TB Deaths Linked to AIDS"]

[Text] The silent killer...TB [Tuberculosis], has killed seven more people within the past week.

The shock figure brings to 81 the number of TB victims since the beginning of this year in this country.

But even more shocking...medical sources say there is a direct link between the TB deaths and AIDS.

Health workers are understood alarmed that among the TB deaths, is a high prevalence of HIV positive cases.

TB specialist, Dr. Mabuza, said yesterday that it has been discovered that some, if not most of the people who suffered from AIDS, were actually killed by the TB disease.

"TB is a bacteria which attacks bodies that have low resistance to diseases. As you know, AIDS is not a disease as such, but a virus that kills through certain diseases that take advantage of the body's lack of resistance," she said.

AIDS worker, Dr. Frank Guinness, told THE TIMES yesterday that it has been found in several countries in Africa that AIDS and TB have a very close relationship.

He said in a report titled: Clinical Manifestations of AIDS in Tropical Countries J.W. Carswell of France reported that "The role of TB and HIV is unclear. In some parts of Africa, both are common and sometimes both are found together in the same person.

"It is unclear whether the acquisition of HIV allowed a previously quiescent tuberculous focus to flare up or whether in some way the presence of tuberculosis in a person made him or her more susceptible to HIV infection. The answers may not be known for some time.

"There are several different presentations of TB in HIV infected persons. A number of studies throughout Africa have been carried out on patients with TB, who have usually only been admitted after tubercle bacilli were isolated from their sputum.

"The rates of HIV seropositivity in these patients has unusually been much higher than the rates found in the general population outside hospitals," it read.

Dr. Guinness said a survey by a South African team is still being conducted on TB patients in the country to determine if AIDS is behind the deaths.

### Increase of Sexually Transmitted Diseases

*MB1110080790 Mbabane THE TIMES OF SWAZILAND in English 11 Oct 90 p 1*

[Report by Vusie Ginindza: "Hospital Fears a Syphilis Epidemic"]

[Text] The increase of the incidence of sex diseases is so alarming that health officials think there is going to be an epidemic soon.

They said up until last year, the accepted average for people treated for sex disease, was 80-90 people per month.

But this year, the numbers continue to rise.... alarmingly.

In January, the cases more than tripled the average, at over 300 cases.

In February, they more than quadrupled, hitting almost 500 cases.

The trend is so bad, that the last figure available, for August, over 700 people were treated, mostly for syphilis.

At the Mbabane Government Hospital only 3,658 STD [Sexually Transmitted Diseases] cases have been reported since the beginning of this year up to August.

Up to May this year, about 1,381 STD cases were reported in the hospital.

But in the three months since then, the January figure has almost doubled.

The hospital recorded 716 cases in August only and officials say that an accepted average is only 80-90 people a month.

Figures recorded by the hospital each month, respectively, are as follows:

January - 219;  
February - 326;  
March - 482;  
April - 401  
May - 409;  
June - 660;  
July - 445;  
August - 716.

The Raleigh Fitkin Memorial Hospital's assistant administrator, Mr. Rogers Mpapane, in Manzini has revealed that the whole of the region recorded 10,701 cases since the beginning of this year. These do not exclude those that have been recorded by the hospital which, Mpapane said, are not ready.

Officials say that the most prevalent of the diseases is syphilis which is characterised by strong itching that develops into open sores. In extreme cases, it is said, syphilis may cause mental disorder.

Nurses in out-patient departments in hospitals around the country are understood greatly exasperated with the unexplained upsurge.

## UGANDA

### Orphans Said Increasing Due to AIDS

*EA0411193590 Kampala Domestic Service in English  
0400 GMT 4 Nov 90*

[Excerpt] The minister of health, Mr. Zak Kaheru, has called on the people of Uganda to pay special attention to orphans created by the AIDS disease in the country. He said: This is absolutely necessary, because these children are doubly orphaned by losing both parents and because their parents are impoverished by long illness before death. The minister was representing Mrs. Janet Museveni, wife of the president, at the launching of the Kampala Branch of the Uganda Women's Efforts To Save Orphans, UWESO, in Kampala yesterday.

He expressed concern that as civil conflict comes to an end, the number of orphans in the country appears to be on the increase due to the AIDS disease. He warned that

the orphans problem is likely to become worse before it improves. He called on UWESO to increase their efforts to meet this task. The minister also called on UWESO, Kampala Branch, to carry out research to identify the number and circumstances of orphans in Kampala District. He commended UWESO for the good work they are doing. He said by providing education and care to orphans and assisting other disadvantaged children, UWESO is investing in the future of Uganda. We would like to see UWESO, he said, move from strength to strength. [passage omitted].

### Museveni on Economic Growth, AIDS

*EA1611221890 Kampala Domestic Service in English  
0700 GMT 15 Nov 90*

[Text] President Yoweri Museveni has assured the people of Mpigi that Uganda's economic growth is on an upward trend, and it is up to the people themselves to use the already established infrastructure to enhance all-round development. Addressing public rallies at Kasangati and Kakiri, Mr. Museveni said that since 1987 Uganda's economic growth rate has been at six to seven percent which is among the highest in Africa. He said that if people stop haphazard planning and look for alternative profitable crops to grow, individuals will do themselves a lot of good in terms of economic advancement. He said that due to good planning by government, a firm foundation in terms of road construction, security, rehabilitation of factories, water, and electricity has been made and it should be exploited by the people themselves for their own benefit.

Mr. Museveni said that now that the security situation country-wide has improved, most of the developmental projects can be carried out successfully. He told the people to use the RC [Resistance Council] system in solving their problems, adding that the RC system is an easy and fast channel of solving problems from the grass root to higher levels. He called on the people of Mpigi District to assist and encourage the re-afforestation program when government and RCS start on it, because vegetation cover helps to preserve water in the soil.

Speaking about health, Mr. Museveni said that about 90 percent of the diseases are caused by ignorance. He called on the people to concentrate on preventive measures by ensuring hygiene, good nutrition, and immunization. He added that government is, however, ensuring steady improvement of the existing health centers. He cautioned the people in general, and especially the young generation, about the dangers of AIDS. He called on teenagers to avoid pre-marital sexual involvement and stressed the need for AIDS tests before marriage. He stressed that parents should be strict and frank with their children as far as this deadly disease is concerned.

Earlier, Mr. Museveni addressed members of Mpigi RC at Kasangati, whom he advised to approach developmental projects in the district systematically. Later, he toured Kakiri orphanage center.

## ZAIRE

### AIDS Conference in Kinshasa

#### Gloomy Prediction

AB1310131690 Paris AFP in English 1304 GMT  
13 Oct 90

[Text] Kinshasa—A three-day congress on AIDS in Africa ended here late Friday with the gloomy prediction that the disease will leave 10 million orphans by the end of the decade. The symposium, which brought together nearly 1,000 specialists, also heard Ben Nkowane of the World Health Organization (WHO) report that one African out of 40 has the AIDS virus, against one in 300 in Europe. A study made in Zaire, involving interviews with 2,000 persons with an average age of 25, showed that 85 percent have cut the number of their partners because of the threat of AIDS—but only four percent used condoms, the most effective means of avoiding it.

Michael Merson, one of the managers of WHO's global AIDS campaign, said he believed that a vaccine would be found within five years. During the conference, officials announced the creation of an organization that will be charged with coordinating the fight against AIDS throughout the continent. The organization, which was not named, will be based in Nairobi and will organize the next conferences on AIDS in Africa. These will take place in Dakar next year, in Yaounde, Cameroon, in 1992, and in Harare, Zimbabwe in 1993. The three-day session here was the fifth such conference on AIDS in Africa.

#### Prevention Discussed

91WE0039A Paris LE MONDE in French  
13 Oct 90 p 10

[Article by special correspondent Jean-Yves Nau: "Africa's Unequal Fight Against AIDS"; first paragraph is LE MONDE introduction]

[Text] Several hundred specialists are taking part in the fifth international conference on AIDS in Africa from 10 to 13 October in Kinshasa. The massive spread of the disease is causing acute concern and signals some very bleak socio-economic prospects.

In black Africa, from Dakar to Nairobi, the AIDS epidemic is already a catastrophe. Yet the worst is still to come. That is the dramatic conclusion reached by participants in the fifth international conference on the disease, who have been meeting since Wednesday 10 October in the "people's hall" of the Zairian capital. It is an "African-style" meeting, where the virtues of new

scientific laboratory-diagnostic techniques, for instance, are compared to those of the various ways of using male condoms.

Unlike the previous annual conferences on AIDS organized in Brussels, Naples, Arusha (Tanzania), and Marseille, the Kinshasa conference is devoting a great deal of time to prevention of the epidemic and to its predictable socio-economic consequences. How could it be otherwise? Therapeutic progress is as desperately slow as ever and, as Professor Luc Montagnier (Paris Pasteur Institute) pointed out, not only is there unlikely to be any vaccine for several years, but virological data from the African continent as a whole confirm the virus's extraordinary variability. That suggests that the "European" or "American" vaccines now being studied may well prove to be ineffective against the many African virus strains.

What is more, the only molecule shown to be relatively effective in fighting AIDS—the multinational Wellcome's AZT—is still totally inaccessible to the hundreds of thousands of patients in Africa, for pure and simple economic reasons.

The only hope lies in changing the sexual behaviors, known to carry a high risk of infection, of hundreds of thousands of people. It is obviously an immense challenge, for which available technical and intellectual resources seem pathetically small. It is also a challenge that political authorities, who logically should consider themselves among those most concerned, and who persist in their denial, prefer not to hear about.

#### 10 Million People Infected in 1991

In any case, epidemiological field studies conducted in Africa and presented in Kinshasa are no longer questioned. The World Health Organization estimates the number of infected individuals in Africa at five million. WHO specialists predict that number will double in 1992. The number of African orphans continues to soar, a direct consequence of heterosexual transmission among adults and in utero mother-to-child infection. There are 30,000 of them in Uganda, for instance. According to Doctor Christine Obbo, these children are increasingly looked at askance in Africa, and their adoption is made difficult by AIDS's very negative social image on the continent.

According to Dr. Antonia Novello, United States surgeon general, it can be predicted that over 10 million African children under the age of 10 will be orphaned before the year 2000. Moreover, Mrs. Novello says, AIDS-related child mortality will soon totally cancel out all the progress made in preventing the disease in Africa. Yet child mortality is still nearly 10 times greater than in most industrialized countries.

Certainly it is true, for example, that the average seropositive rate among adults in Kinshasa (between 7 and 8 percent), seems to have leveled off, without anyone really being able to explain why. But, explains Dr. Eustace Luhondwa (Tanzania), "in that country, the

social impact of AIDS is already evident." Tradition decrees that adults support their elders until death. Today it is the old who are burying their children. Many people are beginning to cut back on their sexual roving. Some are also beginning to resort to autotransfusions of blood. Nonetheless, the bulk of the information published or gathered in Kinshasa is indeed alarming.

For instance, in Kigali, average seropositive rates among pregnant women have jumped over the last two years from 18 to 30 percent. Contrary to all predictions, the epidemic is beginning to spread in the rural areas of Tanzania, Uganda, and the Ivory Coast. An objective sign of the magnitude of the disease, and one which is beginning to create serious economic problems, is that AIDS has become the top cause of death in the hospitals of Abidjan, Kinshasa, Kampala, Kigali, and Lusaka.

Unfortunately, the frequency of sexually transmitted diseases in a score of countries still relatively unscathed by AIDS (Cameroon, Djibouti, Ethiopia, Gabon, Gambia, Madagascar, etc.) raises the fear of a rapid expansion of the disease in the near term in areas that have been spared. Finally, the peculiar characteristics of AIDS and of the procession of so-called "opportunistic" illnesses associated with it are starting to have an impact on other illnesses rampantly endemic in Africa. A major resurgence of tuberculosis has been observed in Malawi, and also in Tanzania and Uganda. The latter could affect seropositive as well as seronegative individuals, as a result of promiscuity, the general lack of sanitation, and poor rates of BCG vaccination.

As dramatic as it is, is such an account totally desperate? Although many specialized teams unfortunately continue to act more as observers than agents of change, different concrete intervention schemes are being implemented today, as several studies presented in Kinshasa attest. "The World Health Organization is starting to adopt a more interventionist attitude," explains Professor Peter Piot (Anvers Institute of Tropical Medicine), one of the meeting's organizers. "As for me, I can no longer ethically and morally limit myself to observing what is happening, determining seropositive rates, and watching them climb."

One of the rare international organizations to have perceived, several years ago, the magnitude of both the health and socio-economic problems raised by AIDS is the World Bank. One of its representatives, Mr. Mead Over, an economist, presented the very bleak conclusions of prospective studies in Kinshasa. They confirm, if there is still any need, the absolute urgency of the situation in Africa.

According to World Bank studies using different models, an adult seropositive rate of 10 percent doubles the mortality rate in that group, which rises to 10 per thousand a year. The annual death rate is 15 per thousand for a [seropositive] rate of 20 percent, and 20 per thousand for a rate of 30 percent. The latter rate is not uncommon in certain large African metropolises.

Those figures are especially worrisome because the additional deaths will occur regardless of what happens over the next 10 years, even were the spread of the virus to be halted today. Another crucial point is that this mortality hits hardest the socio-professional categories that play an irreplaceable part in the production channels and in the economic development of African countries. The studies presented also show that the direct cost of the disease (estimated at an average of between 200 and 300 dollars per year per illness in Zaire and Tanzania) represents in reality only a minute fraction (from 5 to 10 percent) of the total cost of AIDS, when estimated based on lost earnings figured by years of lost life.

Taking the growth rate in most sub-Saharan African countries before the epidemic, World Bank economists predict that AIDS will produce a sharp drop, on the order of 30 percent on the average, in the growth of gross national products. And that is assuming the least alarming hypotheses.

The question is whether, faced with such threats, black Africa will manage to curb the slaughter in the medium term by implementing the only known effective measures for breaking the chain of heterosexual transmission: reducing the number of partners and systematically using condoms in high-risk situations. And whether at the same time it will be able to understand that, despite the convictions of some of its leaders and probably also of its public opinions, control of the scourge rules out confining or stigmatizing its victims.

## ZIMBABWE

**Government Declares AIDS 'Notifiable Disease'**  
*MB2010162290 Johannesburg International Service  
 in English 1500 GMT 20 Oct 90*

[Text] The authorities in Zimbabwe have taken new steps to control the growing AIDS epidemic by making it a notifiable disease.

Interviewed in Harare, the Zimbabwean health minister, Dr. Timothy Stamps, said that from 1 December doctors would be required by law to supply the names and addresses of patients with AIDS to the local authorities.

He said any threat to an individual's right to privacy was outweighed by the public health benefit. Dr. Stamps said the objective was not to exclude but to include the patients in treatment programs.

He said .5 million people out of a total population of some 10 million were believed to be infected with the AIDS virus. Others have put the figure much higher.

**AIDS Kills 10 in Gokwe District Since January**

*MB2210123990 Johannesburg SAPA in English  
1217 GMT 22 Oct 90*

[Text] Gweru —Ten people have died from AIDS in the Gokwe district of Zimbabwe this year, according to the district medical officer, Dr. Johnson Dongijena.

ZIANA national news agency reports that five people died in the past three months, and more are likely to die before the end of the year, he said.

Dr. Dongijena said besides the 10 deaths, a total of 140 people had tested HIV positive since January.

The disease was first reported in Gokwe late last year, and Dr. Dongijena said statistics so far showed that it was increasing at an alarming rate.

"The number of AIDS-related deaths will have trebled by the end of this year if Gokwe residents do not change their highly promiscuous sexual behaviour," he said.

Dr. Dongijena also said the worsening malaria situation in Gokwe over the past few years had forced health officials to concentrate on Malaria-control and prevention, thereby failing to mobilise and implement the anti-AIDS awareness and control campaigns.

He called for a united front in the fight against AIDS.

"Everything should not be left to the ministry of health. Everyone, including village heads, should be actively involved in the fight," he said.

**Health Minister Notes AIDS Figures**

*MB0811092590 Johannesburg SAPA in English  
0840 GMT 8 Nov 90*

[Text] Harare—About 25 percent of Zimbabweans now dying of AIDS are monogamous, faithful wives who had the disease passed on to them by their promiscuous husbands, according to minister of health Dr. Timothy Stamps.

He told parliament late on Wednesday [7 Nov] about half of the 5,086 patients reported with full-blown AIDS by the end of September were men and women "of loose morals", and that half of all the women with AIDS, slightly less than half of the full cumulative total, had it passed on to them by their husbands.

The remaining 25 percent of the total were children in the 0-4 age group who had it transmitted to them by their infected mothers, he said.

Zimbabwe has Africa's fifth highest number of AIDS cases listed by the World Health Organisation, but in recent months has overtaken Zambia, previously considered one of the worst infected nations on the continent.

However, health experts caution that Zimbabwe's statistics are largely the result of more sophisticated reporting and diagnostic facilities.

The number of AIDS cases reported has more than doubled since the end of the first quarter this year, when 2,357 were reported, while the ministry of health estimates that the reported cases are less than a third of the real number, and that about 17,500 Zimbabweans are currently stricken with AIDS.

**China Reports on First AIDS Death**

91WE0046A Beijing CHINA DAILY in English  
19 Oct 90 p 1

[Text] The Chinese Government reported the deaths of two mainland Chinese AIDS carriers for the first time yesterday.

According to the deputy director of the Public Health Ministry's Department of Preventive Medicine, Dai Zhicheng, both men died of AIDS-related infections.

One of the men, from the southern province of Yunnan, was an intravenous drug user who contracted the virus from a communal needle. Dai said he died a few months ago.

The other man, a Beijing resident, contracted AIDS via sexual contact and died recently.

Dai said both men had travelled abroad.

He said that since 1985, 446 people on the mainland have been found to be carrying the HIV virus, 68 of whom were foreigners. He said the remaining 378 were mainland Chinese, 368 of whom were residents of Yunnan.

To cope with the increasing number of AIDS victims in this country, the government had intensified monitoring and control of AIDS, and was co-operating with the World Health Organization (WHO) in setting up a joint medical team to try to control the spread of AIDS in Yunnan. The joint team was expected to be formed next month and start working the border province next month, Dai said.

He said China had a number of advantages in trying to combat the spread of AIDS:

- AIDS appeared in China much later than in other countries;
- most Chinese AIDS carriers lived in Yunnan, and were therefore easily monitored; and
- the efficiency of China's public health system was such as to be able to easily control the spread of the disease.

Health officials told CHINA DAILY that the HIV virus appeared in China in the early 1980s and was mostly confined to Yunnan because of the high incidence of drug addiction in the province.

The Chinese Government has expressed concern over the increasing number of AIDS cases. Regulations Concerning the Monitoring and Control of AIDS were approved by the State Council on December 26, 1987, and an AIDS monitoring network with three laboratories was set up by the Ministry of Public Health.

**Health Official Warns of Serious AIDS Problem**

OW1910144290 Beijing XINHUA in English  
0917 GMT 19 Oct 90

[Text] "AIDS has become a reality in China and it may develop into a serious problem," an official of the Ministry of Public Health warned.

Dai Zhicheng, director of the ministry's Department of Epidemic Prevention, said at a press conference here Friday that China has found 446 carriers of the HIV virus, of which five were confirmed AIDS cases, by the end of last September.

Two of the five AIDS carriers are residents of the Chinese mainland. One, a male from Yunnan Province in southeast China, died last February, and the other, a male from Beijing, died last August. The other three recorded AIDS carriers are from abroad.

Of the 446 HIV cases, 68 are from outside of China, whereas 368 are from Yunnan Province alone. It was reported that 368 of the total 446 HIV cases are related to the use of narcotics, and that another four are hemophiliacs who received the virus from infected blood.

Dai said that as of last August, the number of China's registered venereal disease cases has amounted to 270,000. In the first eight months of this year alone, nearly 40,000 sufferers of gonorrhea and syphilis registered at local hospitals. He added "this is at most one fourth of the actual number of patients."

The Ministry of Public Health has set up three labs, two in Beijing and one in Shanghai, to test for and confirm the HIV virus. Last September, 36 experts formed a National Expert Committee of AIDS Prevention and Control. According to Dai, the experts make the final confirmation of AIDS cases on the basis of the patient's medical history and the information provided by labs.

"Since there are no effective medical cures or preventive inoculations for AIDS at present, increased awareness and education are the only ways available to halt the spread of AIDS," Dai stressed.

He said that increased awareness and education should be carried out on a broad scale so that people will more fully understand how AIDS spreads and the harms it brings to the society and families, as well as how to take better care of themselves.

Dai also stressed the importance of education among medical personnel on the knowledge of AIDS. "We must exert more effort in education and sustain that effort," since the campaign against AIDS is bound to be a long one.

He disclosed that the Ministry of Public Health and experts from the World Health Organization (WHO) will go to Yunnan Province this November to explore ways to care for those patients who carry the HIV virus.

Due to the lack of scientific knowledge about AIDS, HIV patients are difficult to care for. Many people discriminate against the patients and those who look after them. This problem is compounded by the five to six year incubation period associated with the AIDS virus.

Noting that these patients are a part of the society and need a family life, Dai said "it is impossible for us to insulate the AIDS patients as we did the lepers before them."

#### AIDS Treatment with Chinese Medicine Practiced in Africa

90WE0258C Beijing ZHONGGUO YIXUE LUNTAN BAO [CHINESE MEDICAL TRIBUNE] in Chinese 25 May 90 p 1

[Article by Huang Hongchang [7806 1347 2490]: "Thirty Cases of AIDS Provisionally Treated with Traditional Chinese Medicine"]

[Text] From September 1987 to October 1988, an AIDS-treatment team of the Academy of Chinese Traditional Medicine experimentally treated 30 cases of AIDS in an African country. Some patients subsequently showed symptoms alleviated and signs of improvement. Of the 30 cases, 6 were diagnosed as AIDS-related complex (ARC) and 24 cases as AIDS. With the agreement of these patients, western medicine was suspended and they were dialectically treated with four types of Chinese medicine: 11 cases of yin-void type in the spleen and the stomach with oral administration of powdered ginseng, poria and bighead Atractylodes, as well as lily deduction for strengthening the lung in different concentrations; 7 cases of void-damage type in the spleen and the stomach with oral administration of herbal water infusion for enhancing body vigor, minor decoction of Bupleurum and different concentrations of decoction for clearing away gallbladder-heat; 10 cases of weak spleen and kidney with oral administration of decoction of four noble drugs and pills of four miraculous drugs in different strengths; and 2 cases of mental confusion due to excessive heat-phlegm with oral administration of Bezoar Bolus for resurrection and different strengths of Uncaria stem decoction. Patients were dialectically treated, or were orally administered a compound for enhancing body resistance (major constituents are ginseng, Astragalus root, and Licorice root) in different strengths as appropriate to the disease, or were orally administered a dissipating compound mainly for eliminating the pathogens (major constituents are Bupleurum root, batryticated silkworm, and ledebouriella root). The compound was orally administered one dose a day, with half a dose given in the morning and half a dose in the afternoon. Clinical observations indicated that after the treatment, some patients showed night sweats, dyspnea, dizziness, headache, abdominal pain, pruritus, and swollen lymph nodes. The symptoms disappeared or improved along with increased body weight, higher white blood cell count, and lowered the blood sedimentation test to normal.

According to the therapists treatment of patients at the early and intermediate stages should be sought, because the late-stage patients' immune functions are nearly exhausted, and it is unwise to give them aggressive therapy by strengthening internal organs with tonic that often causes death to the patients.

During the treatment, diarrhea and coughing are symptoms most difficult to control. Infection is a frequent cause of death. Upon treatment with Chinese traditional medicine, some symptoms can be relieved or improved; however, further observations are required on whether the patients' life can be prolonged.

#### Use of Herbs to Treat AIDS Subject of On-Going Study

91WE0051 Beijing CHINA DAILY in English 24 Oct 90 p 5

[Article by Zhou Jie]

[Text] AIDS has claimed more than 40,000 lives since 1981 and there are currently an estimated 8 million carriers of the AIDS virus worldwide. As the search continues for a successful treatment, Chinese doctors are trying to use their centuries-old herbal treatments in the international war against AIDS.

The research started in 1985 in the cities of Beijing and Shanghai, and in Yunnan and Heilongjiang provinces. So far, herbal medicines have shown "good results" on AIDS patients in Africa and the United States, said Dr Wang Jie, vice-secretary general of the Association of Traditional Chinese Medical Research on AIDS.

Doctors in the association said that although traditional herbal treatment is somewhat a "grey box,"—that is, often the effective part of a herb and how it cures a disease are unknown—for centuries herbal treatment has proven effective in curing many diseases. And Western doctors have become increasingly accepting of traditional herbal treatment.

These doctors explained that, unlike Western medicines which try to cure the specific organ or dysfunction, Chinese traditional medicines try to improve the body's ability to cure the disease by regulating the patient's inner order.

"We believe that when a part of a patient goes wrong, it is because the patient's inner order has been broken and the immune system has gone wrong. The patient's body must have lost something necessary for its proper functioning. So herbal drugs are used to regain the balance," said Dr Wang.

Though in traditional Chinese medical history no cases of AIDS or HIV infection were reported, Chinese doctors believe that the disease can be grouped into the so-called "Yidu" (infectious poisonous diseases) category.

Many symptoms of AIDS such as tiredness, fever and a poor appetite also appear in some "Yidu" diseases.

Therefore, in fighting AIDS, doctors use traditional prescriptions for "Yidu" diseases in addition to other herbal medicines. The treatment has shown some positive results in tests on laboratory animals.

TACH, the Treatment of AIDS with Chinese Herbal Medicine, is one of the most recent results of Chinese doctors' efforts.

Produced by the Beijing Traditional Chinese Medical and Health Company. TACH incorporates seaweed, Chinese violets, honeysuckle, wild chrysanthemum, Creit, and Chinese Grownwell among other ingredients.

The medicine has been effectively used in some case studies in the United States, according to Wang Xianmin, chairman of the company.

TACH has four different prescriptions depending on the different symptoms of the patient. Dr Wang said that the cost of TACH therapy was around \$1,000 per month.

At a meeting this year, 200 medical scientists from China agreed that TACH has the ability to suppress the HIV virus, reduce symptoms and improve the function of the immune system. And it has almost no side-effects.

However, it is too early to say that TACH or other Chinese medicines can cure AIDS, Dr Wang said.

Professor Chen Keji, of the Academy of Traditional Chinese Medicine, conceded, "Although we carried out some studies in Africa and North America, no controlled study has been done on the herbal treatment.

"There are only a few AIDS cases in China, which doesn't provide us with enough patients to carry out a controlled study."

Official publications reported recently that by September this year, there were 446 HIV carriers in China. Five people reportedly were found to have AIDS, and two of them have died.

More studies should be done before finally approving the herbal medicine as a treatment for AIDS, Professor Chen said.

He said an experimental animal laboratory has been set up in China, where studies on anti-HIV drugs are underway.

Research on the use of traditional Chinese medicines to cure AIDS is also being carried out in other Asian countries and regions, including Hong Kong, Korea, Taiwan and Japan, according to Qian Xinzhong, president of China's Anti-AIDS Association and former Minister of Health.

Doctors hope that with the oriental medical heritage which combines Chinese medicines, acupuncture and

moxibustion, fumigation, bath therapy, psychotherapy and massage, mankind will eventually win the battle against AIDS.

### Active Steps Taken on AIDS Prevention

*HK0911032690 Beijing CHINA DAILY in English  
9 Nov 90 p 1*

[By staff reporter Huang Zhiling]

[Text] With the growth of international contacts, AIDS has been transmitted into China and will probably spread, an international symposium was told yesterday in Beijing.

This situation has caused increasing concern in both medical circles and the Chinese Government, said health officials at the opening session of the Sino-American Symposium on Management of HIV Disease, which started yesterday afternoon and ends today.

According to Chen Minzhang, Chinese Minister of Public Health, HIV blood serum tests were done on 300,000 people who were regarded as high risk in this country from 1985 to the end of September this year.

Of these, 446 people were found to be HIV carriers. Five of them were AIDS patients, three of whom were foreigners and one each from Beijing and Southwest China's Yunnan Province.

Of the 446 HIV carriers, 68 were foreigners and 378 were mainland Chinese.

In China, the HIV virus is mainly contracted through blood or sexual contact. No case of mother-child infection has yet been found, said He Jiesheng, President of China's National Committee of AIDS Prevention and Control.

He revealed that in the last few years the number of drug-users has increased rapidly in some parts of China, especially in the border regions in the southwest. Apart from the traditional way of taking drugs orally, drug users have recently been found to take drugs by intravenous injection.

He said that these drug users represent the high risk population for contracting the HIV virus.

He also revealed that venereal diseases could increase the risk of contracting the HIV virus. So venereal disease is also an indication of the spread of the HIV virus.

According to Dai Zhicheng, Vice-President of National Committee of AIDS Prevention and Control, the government has listed AIDS as a major infectious disease.

Up to now, almost all Chinese provinces have set up AIDS monitoring stations. Three laboratories to diagnose the HIV virus have been set up by the Ministry of Public Health, Dai said.

The laboratories have already made it clear that HIV was first transmitted into China in the early 1980s and is spreading quickly in some regions.

According to Dai, there has been close cooperation between China and the World Health Organization (WHO) in the prevention of AIDS.

In 1988, WHO allocated over \$300,000 to China for AIDS prevention purposes. It has also sent experts to give lectures in China on the subject and has invited many Chinese experts to attend international conferences on AIDS and to take part in technical training and to conduct investigations abroad.

The symposium is sponsored by the Chinese Medical Association and the People to People International Citizen Ambassador Programme of the United States.

#### **Government Strengthens Programs Against AIDS**

*OW0811200090 Beijing XINHUA in English  
1534 GMT 8 Nov 90*

[Text] Since the first AIDS case was reported in China in June 1985, the Chinese Government has strengthened comprehensive prevention measures which place emphasis on controlling sexual transmission of the disease, given publicity to the danger of the disease, banned prostitution, and strengthened monitoring, research and technical training in the fight against the disease.

He Jiesheng, Chinese vice-minister of public health, said at a Sino-American symposium on AIDS, which opened here today that counter-measures against AIDS adopted by Chinese Government have achieved initial success.

She said that AIDS has been listed since 1986 as a major infectious disease which must be reported. The Ministry of Public Health has set up monitoring stations in almost all the provinces, autonomous regions and municipalities, she added.

Three laboratories to diagnose positive antibodies of the HIV virus have been set up, she noted.

According to incomplete statistics, from 1985 to September this year, the Ministry of Public Health conducted HIV blood serum tests on 300,000 people of the risk population in the country, and 446 people were found to be HIV antibody positive, 68 of whom were from overseas. Five of them were diagnosed to be AIDS patients.

She said that one of the successes of the past few years has been in publicity and education in public health. Since there is no cure for AIDS yet, publicity plays an important role in the fight against the disease, she added.

The vice-minister said that in recent years the Chinese Government has promulgated a series of regulations concerning the monitoring and control of AIDS.

She said that China had strengthened its efforts to clamp down on drug trafficking and taking in order to prevent the spread of the HIV virus via intravenous injection.

She said that venereal diseases have been making a comeback recently in a number of coastal cities and China's public health departments have been trying to prevent the spread of AIDS via sexual contact.

#### **Healthy Lifestyles 'Only Way To Control AIDS'**

*OW1011021590 Beijing XINHUA in English  
1627 GMT 9 Nov 90*

[Text] The cause of the rampant AIDS threat is sexual promiscuity, according to Dr. Zhu Qi's paper presented to the ongoing Sino-American HIV Symposium in Beijing.

Zhu Qi, a professor at the National Health Education Institute of China, pointed out that the root cause of the swift spread of AIDS is unhealthy life styles, such as homosexuality, drug addiction, and non-marital sexual relations. "Only through a healthy lifestyle can humanity survive the AIDS epidemic", he said.

Wang Xiaodao, a professor at the Beijing Medical University and a committee member of the Chinese Sexual Science Committee, told the symposium that promiscuous sexual relations destroy the ecological balance of normal microbes, and pathogenic micro-organisms grow and spread, then the ecological balance in the process of human sexual activity as well as the psychological and social balance of sexual relations will be destroyed.

He described venereal diseases and AIDS as double punishment inflicted by nature on human society.

The Chinese specialists agreed that establishing healthy lifestyles is the only way to control AIDS.

They asserted that it is impossible to try to control AIDS with special medicines and condoms, not only because there is little chance of discovering a cure for AIDS within this century but also because HIV becomes part of the genes of the affected cell as soon as it enters the body. Thus it is difficult to treat patients with anti-AIDS drugs.

Meanwhile, Chinese specialists pointed out here that simply using the mass media to provide people with medical knowledge and information on AIDS prevention is not enough; administrative measures are vital in this battle.

#### **Sino-American AIDS Symposium Stresses Prevention Only Cure**

*OW1611095990 Beijing XINHUA in English  
0931 GMT 16 Nov 90*

[Text] As a cure for AIDS is not likely to be found in the near future, prevention is the most important way to stop its spread.

This is a common view held by Chinese and American deputies who attended the Sino-American Symposium

on the Management of HIV (Human Immunodeficiency Virus) Disease here last week.

Deputies from the Beijing Municipal Health Education Institute (BMHEI) said that the dissemination of knowledge about healthy sexual behaviour is important in preventing HIV.

After visiting an exhibition on sexually transmitted diseases (STDs) held by BMHEI earlier this year, most of the nearly 200,000 attendants said that their knowledge of STDs had increased remarkably and many reported having decided to change their misguided attitudes towards sex, they said.

"The best defense against AIDS is information. Only after people fully understand the seriousness of the disease can they do their utmost to protect themselves and others", said Shan Guangnai, a deputy research fellow with the Sociological Institute of the Chinese Academy of Social Sciences.

China's incidence of STDs increased more than three-fold from 1982 to 1987. And the total number of reported cases of STDs had surpassed 220,000 by the end of last year, statistics from the Chinese Ministry of Public Health showed.

Shan stressed the training of medical personnel and urged increasing the investment in medical facilities at the grassroots level. He said many medical workers at or below county level are virtually ignorant of AIDS and they lack necessary facilities to test for AIDS.

Shan said since feudal ideas die hard, the Chinese feel reluctant to talk about sex in public. Because they consider venereal diseases a loss of face, many VD patients even do not dare to receive treatment for fear of being discriminated against.

To prevent VD from spreading, Shan suggested that the public be more tolerant of VD patients so that they could receive timely treatment.

## AUSTRALIA

### Ministerial Conference Focuses on AIDS in Pacific

BK3010132590 Hong Kong AFP in English 1211 GMT  
29 Oct 90

[Text] Noumea—South Pacific leaders urged regional governments to educate people on the danger of AIDS here Tuesday on the second day of a South Pacific commission ministerial conference.

A World Health Organization (WHO) official also told ministers of the 27 territories represented at the commission's 30th annual meeting to move quickly to ensure that the regional AIDS problem did not explode into a full-fledged epidemic.

The bishop of Tonga, Patelisio Finau, Fiji Health Minister Apenisa Kuruisaqila and the vice chancellor of the University of the South Pacific, Konai Helu-Thaman, joined the WHO official in warning of the potentially disastrous socio-economic effects of AIDS.

They stressed the need to organize a campaign to educate the public on the dangers of acquired immune deficiency syndrome (AIDS), a fatal disease which breaks down the body's immune system.

Some 16,000 people were found to be carrying the AIDS virus in the South Pacific region as of the start of October, 2,710 of them with full-blown AIDS, the WHO official said.

The bishop of Tonga stressed the Roman Catholic Church's opposition to the use of condoms to stem the spread of the largely sexually contracted disease. Instead, he called for a return to "moral values" to fight AIDS.

Earlier in the day, international aid agencies outlined proposals to help implement programs under discussion.

Observers from the Asian Development Bank, the Commission of the European Communities for the Pacific and the United Nations Development Program outlined financial aid packages for the region while the WHO official listed healthcare priorities in the region targeting polio, tuberculosis and the eradication of malaria.

The conference was due to end Wednesday.

## HONG KONG

### Clinic Users Fear AIDS

91WE0045A Hong Kong HONG KONG STANDARD  
in English 20 Jul 90 p 6

[Article by Denise Wong]

[Text] Syringes used by heroin addicts at a Government clinic at San Po Kong and discarded outside were creating an AIDS risk, a health expert warned yesterday.

The Robert Black Health Centre has recently posted notices for people queuing to attend the clinic, warning of the dangers of "being pierced by the sharp things on the ground".

Apart from providing general out-patient services, maternity and child health, and an ear, nose and throat clinic, the centre also houses a methadone clinic, providing the substitute prescribed for addicts trying to kick the habit.

People living near the centre said the methadone clinic attracted not only drug addicts undergoing rehabilitation, but also a large group of addicts who gathered outside the health centre.

"They even inject themselves in public areas, as if no other people were there ... dispose of syringes everywhere on the floor," said Mr Lam as he lined up at the head of a queue outside the clinic.

Mr Lam, who declined to give his full name, said: "Of course I am scared of being pierced by the disposed syringes. That is why I never wear slippers or sandals when I come to see the doctor."

"God knows what disease I would get if I was jabbed by those syringes."

A Health Department spokesman yesterday said that "arrangements to clear disposed syringes from the area affected have been made as far as possible".

But yesterday morning I saw more than 30 syringes discarded in the small grass patch next to the benches outside the centre's entrance. The patch is surrounded by iron bars through which a hand can easily reach.

Mr Lam said reports of the problem had probably caused a drop in drug addicts loitering in the area and clearing of syringes in accessible areas.

A department spokesman said "as an additional precautionary measure, warning notices have been put up in the vicinity of the clinic", and the matter has been referred to the police.

Dr Patrick Li, senior medical officer of the AIDS Counselling and Health Education Service, said there was certainly a risk of AIDS infection as well as other viruses such as hepatitis.

"The risk is just like in a hospital setting," Dr Li said.

"Studies in the United States indicate that doctors and nurses have a chance of about 0.5 percent of being infected with AIDS, if pierced by syringes used on patients.

"But the risk is not so high as needle sharing among intravenous drug users, where blood remains inside the syringe while another guy injects himself."

He said that the less blood left inside a syringe, and the longer it was outside the human body, the less the chance of the virus staying alive.

A 54-year-old hawker, who was in the line queuing for his ticket to attend out-patient services, said he had no choice but to come to the health centre although he was frightened by the loitering drug addicts.

"I have high blood pressure and have to see the doctor at least once every month. I can't afford to see private doctors," he said.

Mrs Kwok, another patient in the line, became aware of the warning notices only when they were pointed out: "I seldom come to this clinic. But I would certainly be more cautious in future ... and no more sandals next time."

## SOUTH KOREA

### 12 AIDS Patients in Pusan

*SK0611010790 Seoul THE KOREA HERALD in English 6 Nov 90 p 3*

[Text] The number of AIDS patients is increasing year by year, and the deadly disease is spreading to various classes of people in Pusan, the nation's biggest port city.

So far this year a total of 12 AIDS patients have been reported, the highest figure reported in a single year.

The number of AIDS patients in the city has risen to 35 since the first AIDS victim was reported in 1986. Last year 10 AIDS cases were reported.

## THAILAND

### 200 Test Positive for AIDS Virus in Northern Province

*BK1611025590 Bangkok THE NATION in English 16 Nov 90 p A5*

[By Khamphon Khotsema]

[Text] More than 200 people in Mae Hong Son have been tested positive for AIDS, a situation considered serious, the provincial public health chief official said on Wednesday.

Dr Somphat Khotchasi told THE NATION that 208 people both hilltribes and low-land residents of the northern province had been found to be infected with the Acquired Immune Deficiency Syndrome.

Among the AIDS carriers, 68 of them were prostitutes, 64 of them men who used to frequent brothels and 52 intravenous drug users, Somphat said.

One of them was a eight-month boy who contracted the virus from his mother during her pregnancy and died from full-blown AIDS, Somphat said.

The doctor said the infected prostitutes are likely to spread the virus to more men in the neighbouring provinces of Chiang Mai, Chiang Rai, Lampang and Lamphun as well as to tourists. Men then passed on the virus to their families.

Somphat said Mae Hong Son public health officials have found that only 29 of 68 HIV-positive (human immunodeficiency virus) prostitutes remained in the province now.

He said most of the prostitutes in the five northern provinces were likely to be transients, shuttling among the provinces. They are likely to spend about 2-3 months in each province before moving on, he added.

He said most of the women, now working in the sex business in Mae Hong Son, are not natives to the province. Some of them are illegal Shan immigrants from Burma and many of them came from the other four provinces, Somphat said.

He said while the prostitutes are likely to spread AIDS to local residents in the five northern province, tourists from other part of the country can also spread the virus to the women.

To prove that sex business servicing tourists also influenced the spread of the disease in Mae Hong Son, the doctor said 32 of the 68 infected prostitutes were detected by the health officials while they were working in Pai district. The district is a wellknown tourist resort both for domestic and foreign visitors who enjoy trekking in the forest.

Somphat said the public health officials were trying to slow down the spread of the deadly disease by giving free condoms to prostitutes so that they would encourage their customers to use them.

### Survey Shows 4,000 Prostitutes Carry AIDS Virus

*BK1611025390 Bangkok THE NATION in English 16 Nov 90 p A2*

[Text] A Public Health Ministry survey showed that 4,000 prostitutes are carrying the AIDS virus and continue to have sex with customers. Each prostitute, estimated to have four customer men per night, is expected to infect one out of ten customers. If the trend continues, about 1,600 men are likely to be infected with the AIDS virus each night, said Deputy Public Health Minister Suthat Ngoenmun. He added that his ministry will launch a campaign to discourage customers from visiting prostitutes.

**Official on AIDS Figures; Curb on Burmese Fishermen**

*BK0711070790 Bangkok BANGKOK POST in English  
7 Nov 90 p 3*

[Text] Public Health Minister Marut Bunnak yesterday opened a training seminar to give Thai doctors additional knowledge on how to treat and care for AIDS patients.

The seminar, which will end on Friday, was organised by the Communicable Disease Control Department. American AIDS experts will train 62 Thai doctors during the short course at Bamratnaradun Hospital in Nonthaburi province.

The seminar was organised because the disease is on an increasing trend while the absolute number of cases is still relatively low and few doctors have experience in dealing with such patients.

Statistics up to October 30 showed that Thailand has so far had 69 AIDS patients of which only 17 are still alive. There are another 200 AIDS Related Complication (ARC) cases, and 23,279 people with HIV positive.

Communicable Disease Control Department director-general Dr Thira Ramasut said Ranong province had the highest rate of AIDS infection in the country at 119 per

every 100,000 people. The lowest rate is eight per 100,000 persons in Kamphaengphet province. AIDS and related cases have been reported in every province of the country.

Dr Thira said that the AIDS problem in Ranong was particularly worrying as 50 percent of the high-risk group—fishermen—are Burmese who spend a month at sea and go ashore for seven days before returning to sea again. During this seven-day rest period, fishermen often go to brothels and risk contracting the disease. Many of the prostitutes in the province are also Burmese and they have a high rate of AIDS infection, Dr Thira said.

In an effort to control the disease in the province the department is consulting the Ranong Province Committee on AIDS—comprising the governor, the district officers and other senior provincial officials—to establish urgent prevention and control measures.

Dr Thira said that at a meeting with the provincial committee today he would propose that the Immigration Department set up facilities to conduct AIDS tests on people crossing the border between Ranong and Victoria Point in Burma.

He said he had contacted the Burmese government through the Medical Association of Burma and UNICEF to cooperate in AIDS prevention.

## POLAND

**AZT Treatment of AIDS Patients; Polish AZT Production Foreseen**

*91WE0022A Warsaw POLITYKA in Polish No 38,  
22 Sep 90 p 10*

[Interview with Dr. Pawel Grieb, biochemist and president of the board of directors of the Foundation for Diagnostic and Therapeutic Development by Barbara Pratzer, place and date not given: "Living With the Disease"]

[Text] **Pratzer:** AIDS reached Poland with a certain delay and the dimensions of the epidemic are not as extensive as in other countries. However, in our country, the number of HIV carriers is growing rapidly. The World Health Organization recommends an informational campaign which has brought specific results in other countries. Can it also bring them about in our country where there is a lack of tangible help for the ill?

**Grieb:** The number of carriers of the HIV virus will undoubtedly continue to grow for a long time yet. It would be a good thing if we were all aware of this. On the one hand, there is social ostracism toward those who are infected and on the other, there is the avoiding of tests for HIV infection, the concealing of positive results, and unsubstantiated resentment. This does not create an atmosphere of solving the AIDS problem in Poland rationally. However, I doubt whether these attitudes can be overcome with ardent appeals. After all, why should people act otherwise when we are persistently frightening them with the "plague of the 20th century" whereas we actually have only one thing to propose to carriers—to register on the list of carriers at an institute that conducts research.

**Pratzer:** Perhaps the press and television media have, indeed, heated up the atmosphere surrounding AIDS but, after all, the mood of pessimism as to the possibility of treatment has come from the scientific community. And without leaving room for expansion, AIDS was and remains an incurable disease.

**Grieb:** Diabetes is also incurable as well as multiple sclerosis, rheumatoid arthritis.... I could go on for a long time enumerating the diseases which are incurable in a traditional sense. A diabetic must take insulin all his life and is neither ashamed of this nor does anyone resent him for this.

**Pratzer:** Risky comparisons. After all, one cannot become infected with diabetes and it is not a death sentence such as AIDS.

**Grieb:** AIDS is certainly less contagious than the flu. However, as far as the possibilities of treatment are concerned, then indeed, four to five years ago researchers felt that there was no way to control the HIV virus. Moreover, the more thoroughly they studied the life cycle of the virus, the more unrealistic the chances of

controlling the infection seemed. However, time does not stand still. Being cured of AIDS means the permanent "expulsion" of the virus from the body and currently this, indeed, is not possible which does not mean, however, that we are just as helpless as several years ago. The HIV infection is being transformed before our eyes from an untreatable disease to a chronic one.

**Pratzer:** Thus, into a disease with which one can live. For how long?

**Grieb:** It is a well-known fact that the development of full-blown AIDS occurs from two to 10 years following infection with the virus and, unfortunately, from that moment on time progresses very quickly. Then, barely two to three years separate those ill with the disease from death. In the United States in March of 1987, a substance called AZT was officially admitted for use as a medicinal drug and this was the first drug which made it possible to slightly prolong the life of those suffering from AIDS. However, genuinely optimistic news did not come from research laboratories until last year. It turned out that the administration of AZT already during the asymptomatic carrier-state may delay the appearance of AIDS symptoms for an estimated period of approximately 20 years. Since March of this year, a specialized government agency in the United States, the Food and Drug Administration, has recommended the use of AZT by asymptomatic carriers of the virus and already today the effects can be seen—statistics have noted a drop in the number of new AIDS cases in relation to what had been expected.

**Pratzer:** A postponement in the death sentence for 20 years?

**Grieb:** I would like to remind you that tuberculosis has been eradicated even though nearly every one of us carries its virus inside us. Simply put, we are able to coexist with it. If a very young individual becomes infected with the HIV virus, then the 20 years which he has ahead of him is not a fully satisfying prospect. However, for infected persons in their 40's or 50's, this is without a doubt a prospect not to be spurned.

**Pratzer:** Do you feel that such news can change the attitude toward HIV carriers and to the disease itself?

**Grieb:** In any case, the existence of this drug constitutes a rational incentive to submitting to tests. Up to now, we have been saying to people: "Get tested because...we want to keep an eye on you." Now, we can finally say: "Get tested because we have a genuine offer of help for you." Availability of treatment, even expensive but in many cases effective treatment, would be an important element in the creation of rational social order indispensable for the coexistence of healthy and infected persons.

**Pratzer:** Should everyone who has a positive test result receive the drug? How can you tell that treatment with

this drug delays the moment of the appearance of full-blown AIDS for as long as 20 years when it has been placed in use for the first time only recently?

**Grieb:** We will know in all certainty in 20 years. However, all studies regarding the rate of development of the infection give reason for optimism. Along with the passing of time following the invasion of the virus, the body becomes increasingly more defenseless which manifests itself with, among other things, a reduction in the number of specialized cells of the immunological system (helper T-cells). When their number drops below 200 (the norm is between 600 and 1,200 in 1 mm<sup>3</sup> of blood), we are already dealing with fully symptomatic AIDS. When it reaches approximately 500, this means that the carrier can become ill soon. That is when intervention ought to take place, i.e., AZT treatment begun.

**Pratzer:** Is this a safe drug?

**Grieb:** Unfortunately, it causes very serious side effects; it may, for example, damage bone marrow. Everything depends on the proper management of treatment including the establishment of the most appropriate dosage. The risk may be lowered by alternating other substances from the same group with AZT. Personally, I feel that such combined treatment will be the most effective defense against AIDS for many years.

**Pratzer:** Do we have the possibility of using AZT on a wide scale in Poland?

**Grieb:** Retrovir—that is the commercial name of AZT—is very expensive and I do not feel that we could afford to systematically import the necessary quantities of it. However, there is the possibility of a considerably less expensive, Polish AZT. The recently formed Foundation for Diagnostic and Therapeutic Development intends to carry over to Poland achievements of world medicine that would simplify the diagnosing and treatment of these diseases which constitute a great social threat. I believe that in a few months, we will be successful in preparing the production of AZT. The entire process of manufacturing this drug consists of three stages. The first two are rather simple whereas the third is more complicated. However, we have chemists among the Foundation's members who have worked out in detail this most complicated phase.

**Pratzer:** Thank you for the interview.

## ROMANIA

**WHO Group To Study AIDS Medication Claim**  
**91WE0032A Copenhagen BERLINGSKE TIDENDE**  
**in Danish 20 Oct 90 p 3**

[Article by Bo Draebel: "Experts Look Closer at AIDS Treatment"—first paragraph is BERLINGSKE TIDENDE introduction]

[Text] WHO is sending an expert commission to Bucharest to find out what a research group is doing with AIDS infected children and the unknown preparation, FLV23/A.

The World Health Organization, WHO, is now sending an expert commission to Romania to clarify what a research group at Colentina hospital in Bucharest is carrying out on AIDS infected children with the so-called FLV23/A, a code name for an unknown compound that has not been scientifically described.

"The WHO commission that will work together with the Romanian authorities on clearing up what is happening at Colentina will consist of three persons," Dr. Frants Staugaard of WHO's European office in Copenhagen said. "An expert in clinical pharmacology, an expert in medical ethics and treatment of AIDS victims, together with an expert in childhood diseases.

"It is the commission's job to investigate the guidelines followed in the experiments and whether ethical principles are being respected," Staugaard said. "The commission will also look at the scientific quality of the experiments and the quality of the care the children are receiving at Colentina. Finally, the experts will report on the compound FLV23/A in a statement that will be published by WHO next week."

A six-man team from WHO, which was already in Romania to help the government in the development of a detailed five-year plan for AIDS prevention and control, has done the preparatory work for the commission. But it left a long series of questions and loose ends. Therefore WHO decided yesterday, in agreement with the Romanian authorities, to set up a fast-working commission.

### Hospital Director on Treatment for AIDS Children

*AU1110115390 Bucharest ROMPRES in English  
0852 GMT 11 Oct 90*

[Text] Speaking about the treatment of AIDS in children, Dr. Adrian Streinu-Cercel, director of Bucharest's "Colentina" Hospital said in an interview with the daily "ADEVARUL" that, unfortunately the AZT drug sold by the "Welcome" company is not available in Romania. Thirteen Romanian children were experimentally given another medicine "FLV 23-a" by a team of eight doctors, members of the International Foundation for Medical Research, headed by the British Doctor David Hughes, Dr. Adrian Streinu-Cercel said.

Referring to the protests in the "THE EUROPEAN" weekly against the use of that medicine, Dr. Adrian Streinu-Cercel specified: This medicine has been approved by the National Medicine Commission, after it was proved to have zero degree toxicity. Thus, of the thirteen children tested, an improvement in the health condition of four was reported, two of whom were feeling well, in seven children no change was detected and two died. The "Colentina" Hospital director is of the opinion one explanation for the protests may be

sought in the rivalry of the two drug manufacturing companies. Dr. Nicolae Beldescu, director of the Department of Infectious Diseases in the Ministry of Health considers as ill-willing the assertions in "THE EUROPEAN" magazine, according to which the children on which FLV-23-a tests are made are guinea-pigs.

948 AIDS cases are reported in Romania, 884 of which are children, according to an August statistics.

**Commission Invited to Assess AIDS Treatment**

*AU2710144790 Bucharest ROMPRES in English  
1126 GMT 27 Oct 90*

[Text] In a release sent to the ROMPRES news agency, the Romanian Ministry of Health of Romania

announces it has decided to stop the clinical trial of FLV 23/a in the treatment of AIDS patients, adults and children, at Colentina Hospital in Bucharest.

The Ministry of Health, the release shows, invited a commission of the World Health Organization to evaluate the conduct and the trial of FLV 23/a and to analyze the data from the clinical trial as designed and conducted on 83 children in Romania, which was not sufficient to determine the safety or the efficacy of FLV 23/a. Besides, the manufacturer could not provide data as to the chemical structure, manufacturing method, convincing scientific evidence of antiviral or any other clinical effect of the substance.

## BAHAMAS

### Officials Report 2,308 New AIDS Cases

FL1911184090 Bridgetown CANA in English  
1642 GMT 18 Nov 90

[Text] Nassau—Bahamian health authorities said 2,308 persons tested positively for the AIDS virus during the first nine months of this year. Comparative figures for 1989 were not given.

Disease specialist Dr. Herbert Orlander said 554 were full-blown cases. 296 have already died. Dr. Orlander said the figures were shocking for a small nation like the Bahamas, which has a population of 250,000.

"It is time for the entire nation to pause and reflect on present lifestyles," he said. "In the early days of the epidemic, many Bahamians, although aware of the disease, failed to take the necessary precautions to guard against infection," he added.

Dr. Orlander said the virus would continue to be a problem until Bahamians decide to adopt preventative measures. He said it was time for Bahamians to fully alter sexual practices which may lead to ill health.

## BARBADOS

### Health Authorities Report Twenty New AIDS Cases

FL1810154590 Bridgetown CANA in English  
1430 GMT 18 Oct 90

[Text] Twenty persons, including two foreigners, were diagnosed here with AIDS between July and September, bringing the tally of full-blown new cases for the year to 34, health authorities said.

A 14-year-old boy was among the group. Chairman of the National Advisory Committee on AIDS, Professor Mickey Walrond, said the youth was the youngest person known so far to have contracted the fatal disease through sexual intercourse.

The island recorded seven AIDS deaths between July and September, with the total for the year so far standing at 21. One of the two foreigners was among the group. Health authorities said the latest figures brought total full-blown cases to 145 since 1984 when Barbados started official records on the incidence of AIDS which kills by destroying the body's immune system. Total deaths since 1984 stand at 103.

In addition to the full-blown cases, there are 185 persons here who are asymptomatic—that is, they carry the virus but are otherwise healthy. The majority of AIDS cases involved persons in the 20-44 age group. The disease was most prevalent among male homosexuals, followed by promiscuous heterosexuals.

## BRAZIL

### AIDS Incidence Among Women Rising

91WE0024B Rio de Janeiro O GLOBO in Portuguese  
9 Sep 90 p 20

[Article by Laura Antunes]

[Text] The AIDS virus has broken another barrier. Of the patients registered in the services of the two institutions that treat AIDS patients in Rio (the University Hospital of Fundao and the Group in Support of AIDS Prevention [GAPA]), 30 percent are women. In the outpatient clinic of the Gaffree and Guinle University Hospital, 20 percent of the patients are women. These figures are significant since, according to the Health Ministry, the average is about 12 percent for females. The situation is even more disturbing, given that three years ago, 90 percent of the patients were male.

Considered a disease that is disseminated only in certain segments of the society (the so-called risk groups, such as homosexuals, drug addicts, prostitutes and bisexuals), the HIV (human immunodeficiency virus) has gained potential for transmission and is already attacking the female population at an accelerated rate. Of the 1,200 HIV carriers now on file in the outpatient clinic of the AIDS Program of the University Hospital of Fundao, 30 percent are women. In the last three months, the GAPA supplied medicines to 80 AIDS patients, 30 percent of whom were women.

The growing spread of the virus among women is also confirmed by the National AIDS Referral Center of the Gaffree and Guinle University Hospital, where the number of female patients in its outpatient clinic has doubled in the last two years. Up to 1988, almost 100 percent of the patients registered were men; now women represent 20 percent of the clinic's load. According to the Health Ministry surveys, five years ago there was one infected female for every 30 infected males. Last year the ratio had already changed: there was one infected female for every eight males carrying the virus.

Although he says the increased incidence of HIV among women was to be expected, Dr. Mauro Schechter, coordinator of research of the AIDS Program, in the Department of Infectious-Parasitic Diseases (DIP) of Fundao, finds the situation troubling. According to Schechter, studies conducted by the DIP confirm that most of the infected females belong to the high-risk groups or are partners of men who are at risk. Even so, Schechter said that, to curb the spread of the virus among the female population, it is urgent to conduct education campaigns, which up to now have been directed only at the high-risk groups.

"Infection in the female population is not indiscriminate. Studies indicate that the great majority of these women are drug addicts, or partners of addicts or of bisexuals. But it cannot be denied that this increase in cases shows that is a greater potential for transmission of

the disease in the general population. Hence the government must understand that it is urgent to conduct

education campaigns directed at these women, to prevent the spread of the infection at an increasing pace," the physician said.

#### Percentages of Males and Females Among Individuals Infected With AIDS

	1983 to 1988		1988 to Date	
	Male	Female	Male	Female
Asymptomatic carriers	79.6	20.4	77.4	22.6
Onset of ganglia	91.3	8.7	82.2	17.8
Advanced stage	94.3	5.7	89.7	10.3

#### Register Reflects Earlier Infection

Created three years ago, the Department of Infectious Parasitic Diseases (DIP) of the Fundao Hospital has already admitted about 1,000 AIDS patients, more than 90 percent of whom were male. According to Mauro Schechter, these figures reflect only infections that occurred eight to 10 years ago—the length of time the virus can remain in the organism without presenting any symptoms. The number of HIV carriers registered in the clinic—30 percent of whom are female—presents an even more disturbing reality, he declared.

"When we say that 1,000 people were admitted with the disease, this reflects the rate at which the virus was being disseminated about 10 years ago, when they must have been infected. Meanwhile, when we see people in the outpatient clinic who are carrying the virus, we know that the infection occurred much more recently, and there is no doubt that the potential for transmission among the population is increasing."

Confirming the Health Ministry data, according to which the ratio between males and females dropped from 30/1 to 8/1, the number of HIV-positive females registered with the DIP has been growing annually.

#### 3.5 Percent of AIDS Cases Are Children

91WE0024D Sao Paulo FOLHA DE SAO PAULO  
in Portuguese 26 Sep 90 p D-1

[Text] By the end of 1994, from 4,000 to 5,000 Brazilians under 15 years of age should have AIDS—that is, if children continue to account for only 3.5 percent of reported cases. This is the estimate by the Ministry of Health. According to Eduardo Cortes, director of the ministry's Division of Sexually Transmitted Diseases and AIDS, there are no calculations regarding the number of children who could be infected with the AIDS virus by the end of the period.

According to Cortes, one of the major problems in the next few years with regard to [the impact of] AIDS in infancy will be the AIDS orphans—healthy children of AIDS patients. The WHO estimates that about four million children will be in this position by the end of the 1990s. Mothers infected with the AIDS virus transmit the disease to their children only about 30 percent of the time.

According to Cortes, the ministry should conduct a special education program for pregnant women and those of child-bearing age. The program should address such sensitive questions as the interruption of the pregnancy. "We are not going to leave anything out," Cortes declared.

Up to last August, 299 cases of AIDS in children were reported in Sao Paulo. In 57 percent of these cases, the disease was transmitted from mother to child; 10 children were contaminated by the use of intravenous drugs. There are six children interned in the Emilio Ribas Hospital and another 200 children are being treated as outpatients.

#### Highest AIDS Incidence Among Drug Users

91WE0057A Sao Paulo O ESTADO DE SAO PAULO  
in Portuguese 18 Oct 90 p 22

[Text] Intravenous drug users have become the risk group most affected by AIDS in Sao Paulo State. Of the first 55 cases reported in September, 18 were transmitted by contaminated syringes, while 16 were the result of homosexual relations. In August, 54 cases resulted from using syringes and 49 from homosexual relations. According to the State Secretariat of Health, the September statistics have not been totaled yet.

#### AIDS in Sao Paulo

Method of Contagion	1984	1990
Homosexual	64.6	31.72
Bisexual	26.6	11.85
Heterosexual	2.56	10.13
Intravenous Drugs		31.78
Blood Transfusion		2.36
Hemophiliacs	3.8	0.89
[Perinatal] Transmission		1.72
Under Investigation	2.5	9.55
Source: AIDS Reference Center		

The new picture of the disease and the alternatives for educating drug users began to be discussed yesterday at the First French-Brazilian Conference on Drugs and AIDS, at the Reboucas Convention Center in Sao Paulo.

Jose Aristodemo Pinotti, state secretary of health, believes the trend toward increasing numbers of cases among drug users will continue. According to the secretary, for other means of contamination, such as blood transfusions and even homosexual contact, the growth rates have been lower. "With regard to AIDS, the big problem in Sao Paulo today is infection among drug users," he said.

The secretariat has followed the progress of about 10,000 [HIV- positive] patients who have not yet contracted the disease. In this group, 70 percent are intravenous drug users. To combat the disease among addicts, Penotti feels there must be a change in the Brazilian mentality and the laws so that addicts will not be considered criminals. "The only way to control the disease is to develop personal contact with the patients," said Penotti, "and we cannot do this because of the repression to which they are subjected because they use drugs."

Claude Olievenstein, of the Marmottan Medical Center, in France, is of the same opinion. He advocates the sale of disposable needles at low prices or even free distribution to users. He suggests that the addicts bring in used syringes to exchange for new ones. According to Olievenstein, this practice has been successful in such countries as France and the Netherlands.

In France, the spread of AIDS has led to concessions to addicts. Previously, syringes could be sold only on presentation of a doctor's prescription. Today, anyone may acquire them in pharmacies. Among the French, the major incidence of infection is still among homosexuals. Nonetheless, according to Dominique Charvet, of the AFLS [French Agency for AIDS Combat], the number of infected drug users has grown significantly.

In Sao Paulo, this trend has been confirmed in recent years. In 1984, homosexuals accounted for 64.6 percent of the cases. At that time, there were no reported cases of transmission by contaminated needles. From January to August of this year, 31.72 percent of the cases reported in Sao Paulo were among homosexuals, while 31.78 percent were among intravenous drug users. Since AIDS first appeared, 8,766 cases have been reported in Sao Paulo State.

#### \$130 Million To Be Spent Fighting AIDS

91WE0057C Rio de Janeiro *O GLOBO* in Portuguese  
24 Oct 90 p 7

[Text] Brasilia—Every 80 minutes, another case of AIDS appears in Brazil. Throughout the country, from 1980 to July of this year, 13,011 cases of AIDS have been identified. Half the victims have already died. It is predicted that in 1991 the number of cases will reach 20,000. To treat the 6,000 surviving patients, starting in 1991 the Health Ministry will guarantee the purchase and distribution of medicines, at a cost of \$130 million, half of which will be used to purchase AZT, Health Minister Alceni Guerra announced yesterday.

For the first time, the Brazilian Government is investing heavily in the purchase of AZT, Pentamidina, Ganciclovir, and dozens of other medicines used in the treatment of AIDS carriers. The AZT will be distributed only among public hospitals, which, in turn, may offer it only to diagnosed patients.

Eduardo Cortes, director of the AIDS Division of the Ministry of Health, explained that use of the drug will be monitored. There is an explanation for this precaution. Patients taking AZT could present problems with resistance after six to 12 months of continuous use; in addition, the drug is expensive: each 600-mg dose of AZT costs \$8.00. Bids will be solicited from international suppliers for the purchase of these medicines.

Of the 13,011 identified AIDS cases, 7,831 were transmitted through sexual intercourse, 2,760 through intravenous drug use, and 982 through transfusions of contaminated blood; 225 are perinatal cases (infants infected by the mother during pregnancy or at birth). The number of AIDS cases in Brazil is doubling every eight months, Eduardo Cortes explained, adding that this potential for progression implies a shocking statistic: from 300,000 to 500,000 Brazilians are infected.

## CHILE

#### Health Minister Stresses Need To Fight AIDS

PY0910222990 Santiago Radio Chilena Network  
in Spanish 1600 GMT 9 Oct 90

[Text] Health Minister Jorge Jimenez de la Jara has stated that the lack of conscientiousness by educated people and the failure of governments to adopt measures are the main problems affecting the struggle by Latin American countries to combat AIDS.

Minister Jimenez added that we must support all initiatives by the experts to control this evil, which is also called the Invisible Threat.

The health minister dedicated the regional conference on AIDS, human rights, and ethics at the ECLA [Economic Commission for Latin America] office in Santiago. Professionals from several Latin American countries are attending this conference which is sponsored by the Panamerican Health Organization.

In his speech, the minister said that there is little known about AIDS and the way it is transmitted among people, and also among doctors.

According to official figures there were 381 confirmed cases in the country in January 1990, 80 percent of them in the metropolitan area.

**Ministry Confirms 240 AIDS Cases Throughout Country**

*PY0611023790 Santiago Radio Chilena Network in Spanish 1600 GMT 5 Nov 90*

[Summary] Health Under Secretary Patricio Silva has disclosed that there are 240 confirmed cases of AIDS throughout Chile, 17 of which are women and four of which are children.

**CUBA****Public Health Official Reports on AIDS**

*FL3008012390 Havana Television Service in Spanish 0000 GMT 30 Aug 90*

[Text] A news conference was held today on AIDS in Cuba as one of the collateral activities of the Eighth UN Conference on Crime Prevention and Rehabilitation. It was presided over by Dr. Hector Terry, vice minister of public health, and other Public Health Ministry specialists.

In response to initial questions, Terry said that from the start of the testing program in 1986 to the present, 8.53 million people have been tested. Of the people tested, only 479 have the illness or are asymptomatic while 73 people have been infected and 37 have died.

In speaking to the national and foreign press, the vice minister mentioned the various aspects related to AIDS in our country, such as the diagnostic system used, preventative measures, and the health policy that Cuba applies to its patients. In regard to this last aspect, Terry said that its fairness is based on better treatment for the patient and protection for those who are healthy. He added that this policy does not conflict with the patients' social ties.

In regard to this issue and in response to insistent questions on whether the confinement of patients to sanitariums violates certain human rights, AIDS patients who are present at this conference were invited to respond based on their own experience.

**Unidentified AIDS patient:** It is true that it can be annoying to be in the sanitarium. One does not have the freedom to move around that he used to have. Nevertheless, many possibilities open up here. You learn how to live with your illness. I think you learn how to protect the rest of society without harming anyone and, most

importantly, you learn to live like a human being, with limitations, but you learn to live. [end recording]

The topic of the cost of treating AIDS patients, estimated to be \$8,000 dollars a year per patient, comes to light amid economic difficulties in Third World countries in general and, particularly, in Cuba. In regard to this topic, Terry said:

Terry: I cannot say that the phenomenon we are confronting now will affect this or that health program. Up to now, we have not had that problem and I am absolutely sure that amid the difficulties we may have, if we maintain something in the country, it will always be the national health system and its accomplishments. [end recording]

**JAMAICA****Four New AIDS Cases in September**

*FL2010171790 Bridgetown CANA in English 1607 GMT 20 Oct 90*

[Text] Kingston—Four additional cases of AIDS were reported in September, bringing the total number diagnosed in Jamaica to 180. Of the 180 cases, 125 are male and 55 are females.

Forty-three cases were reported for the period January to September 1990. Sixty-four cases were reported in 1989 and 30 in 1988.

At the end of September 110 persons here had died of AIDS—an overall mortality rate of 61 percent. Thirty-nine of the deaths were reported in 1989 and 19 in 1990.

A release from the Ministry of Health noted that most cases were reported in the Kingston and St. Andrew area while 20 cases were reported in the adjoining parish of St. Catherine. Only one parish, St. Elizabeth in south central Jamaica, has no reported cases of AIDS. However carriers—persons infected with the virus that causes AIDS—have been identified among residents of all parishes.

Ninety-one of the adult cases were infected locally with the AIDS virus and 49 overseas. The place of infection of 19 persons is unknown.

One hundred and twelve of the adults are heterosexuals. Twenty-three (14 percent) are male homosexuals and 15 are bisexuals. The sexual practice of eight cases is unknown.

**Health Ministry Reports 45 AIDS Cases, 10 Deaths**

*PA1210172990 Managua Radio Sandino in Spanish  
1200 GMT 11 Oct 90*

[Text] Health Ministry authorities have carried out approximately 70,000 tests to detect AIDS among the population and have found 42 cases or carriers of this terrible disease.

EL SEMANARIO reported that, of the 42 positive cases or carriers, 21 were foreigners who have left the country.

So far, 10 persons have died of this disease that destroys a person's immune system. Only one of the victims was homosexual.

Currently, in a Managua hospital, there is one patient in the illness' terminal phase.

The way things are going in Managua, we will soon have AIDS cases everywhere, like the drugs that are invading the country because of the lack of an anti-drug policy in the current government. In Managua it is common to see youngsters getting high on marijuana and others bragging about taking cocaine which, because of its price, is used by elite groups.

## INDIA

**Papers Continue To Report Spread of AIDS****Future Growth Predicted**

*91WD0065 New Delhi PATRIOT in English  
2 Sep 90 p 2*

[Excerpt] World authorities have made the alarming prediction that India is close to a major AIDS epidemic.

Till date, there are 49 cases of full-blown AIDS on government records, as against the world figure of 231,000 as on 30 June 1990. In addition there are 3000 HIV carriers in the country out of the estimated eight million in the world. Besides, about 2900 HIV carriers have been identified through the HIV screening programme adopted in the blood banks of the five major cities of India.

The HIV screening result is yet to be confirmed by the Western Blot test, and the cases of full-blown AIDS cases in the world context is lower than many other developed nations. But studies conducted by the Indian Health Organisation (IHO) have revealed an alarming, increasing trend of HIV prevalence.

The disturbing reports of high HIV numbers have been recorded from Bombay (prostitutes, their clients, professional blood donors) with almost 40 percent of the total cases studied.

According to the studies, Bombay has obviously become the AIDS capital of India. Prevalence of HIV in the prostitutes of Bombay which was lower than 0.5 percent in 1986 when the IHO started its studies, has gone up to 20 percent. Similarly, the prevalence in professional blood donors, which was nil in 1986 has reached 0.3 percent within just four years.

Madras has also registered an increasing number of HIV cases among prostitutes and their clients. So is the case in Surat (professional blood donors) and Manipur (intravenous drug addicts). Cases have also been reported from the countryside.

Giving this information at a press conference in the Capital on Saturday, Dr I. S. Gilada, honorary secretary of the IHO (which is jointly organising the World Congress on AIDS with the Miami Medical School, U.S.A., in Bombay from 7-9 December 1990), said that what is being recorded is just a tip of the iceberg.

By 1991, India with a vast population of 800 million, will be hard hit with the prevalence of HIV expected to record a 10 time increase, touching a figure (world) of 50 to 100 million. Not only is AIDS the costliest disease (in the United States which has 60 percent of the total world AIDS cases, management of a single AIDS patient cost as high as 94,000 dollars), but it is also a three-fold crisis. [passage omitted]

**First Case in Assam**

*91WD0065 Madras THE HINDU in English  
22 Sep 90 p 7*

[Text] Guwahati, 21 Sep (PTI)—Assam's first case of AIDS has been discovered in the Guwahati Medical College Hospital's psychiatry department early this week, hospital sources said here on Thursday.

A youth, aged 21, from Assam, residing in Nagaland, was admitted to the hospital for treatment against drug addiction and for suffering from high fever, nasal bleeding, loose motion, emaciation, aversion to food and vomiting. Suspecting symptoms of Acquired Immuno Deficiency Syndrome (AIDS) the doctors sent his blood sample for detection to the All India Institute of Medical Sciences in Delhi, where the test proved positive, the sources said.

The patient had, meanwhile, been shifted to the infectious disease hospital here for quarantine, the sources said, adding so far 900 AIDS cases had been detected in Manipur.

**Further Reportage on Spread of, Battle Against AIDS****Epidemic in Northeast**

*90WD0770 Calcutta THE STATESMAN in English  
9 Aug 90 p 12*

[Article by Diptosh Majumdar]

[Text] An AIDS epidemic stalking Manipur and affecting its youth population has now reached Nagaland and has probably also entered Mizoram. The killer virus as yet traced in the bloodstream of 679 drug addicts in Manipur has been found in blood samples collected from 11 heroin-users in Nagaland. The figure is probably much higher as Elisa tests have been conducted in a random and haphazard manner at Kohima. The team of experts from the National Institute of Cholera and Enteric Diseases, which has returned to Calcutta after studying the situation in Nagaland is preparing to leave for Mizoram which is reportedly in the grip of a similar crisis.

The Centre has taken stock of the alarming situation in the three north-eastern States since the number of virus carriers is mounting daily. Till now, the actual disease has not yet struck since it takes at least three to five years for the dreaded virus to break down the body's immunological system. Union Health officials are keeping in close touch with the NICED authorities in Calcutta. This institute has recently been upgraded and accorded the status of an AIDS referral centre.

Both the Manipur and Nagaland administrations have been advised to carry out the preliminary Elisa tests on a war-footing. The reports are to be sent regularly to the NICED laboratory in Calcutta. Since the Elisa test

records the presence of the "anti-body," NICED technicians would have to confirm the presence of the virus by conducting the more expensive Western Blot examination. Before running out of reagents needed for this examination, NICED experts had tested 683 of the 811 samples provided by the Manipur health authorities and confirmed the presence of the AIDS virus in 679 of them. The tests are to resume later this week.

This high confirmation rate—more than 99 percent—has stunned medical scientists. It is feared that, by the beginning of next year, the number of virus carriers in Manipur and other affected States of the North-East will cross the 2,000-mark. Incidentally, the total number of virus carriers identified throughout the country during the past five years is slightly more than 2,000. Manipur, alone, is expected to surpass that figure in the coming months. Scientists believe that with the worsening situation in Manipur, the AIDS phenomenon has finally struck roots in the country.

Unlike the AIDS scenario in the rest of the country, the Manipur situation is considered more volatile since the source here is intravenous injection and not blood transfusion or sexual contact. Young addicts in the age group of 15 to 35 constitute a majority of the victims. Totally unconcerned about personal hygiene, they are sharing the same needles and syringes thereby allowing the virus to be transmitted easily. The syringes are often in the form of ink dropper to which a needle is attached with a cellophane tape. After the needle is inserted in the vein, the dropper is pressed and the heroin solution enters the bloodstream straightaway.

Far from using boiled water to prepare their solution of "white sugar," the addicts are using whatever liquid is at hand and, sometimes, even urinating to overcome the problem of searching for water in the jungle terrain. The number of women affected is stated to be minimal and forms barely 7 percent of the total number of virus carriers as yet identified. But scientists point out that, despite a lot of furore raised about the need to strengthen family planning measures, the male population in Manipur are averse to the use of condoms. If the spread of AIDS through sexual contact is to be checked, the use of condoms is a must.

The Centre has taken up several measures to combat the AIDS menace in Manipur and the adjoining States on a war footing. The unused building of a district hospital in Imphal is being renovated and given the shape of an AIDS treatment centre. A Central Blood Bank is being set up at Manipur so that the blood meant for transfusion is properly screened before being administered to a patient. Quite a few "health education counselling" centres and detoxification-clinics are planned. An epidemiological research centre under the guidance of the Indian Council for Medical Research, with help from the NICED authorities and its director, Dr. S. Pal, is also being contemplated.

### **Patients' Arrest Contemplated**

*90WD0770 Bombay THE TIMES OF INDIA  
in English 17 Aug 90 p 1*

[Article by Vidyadhar Date: "Bill on AIDS Patients' Arrest"]

[Text] A bill, introduced by the former public health minister, Dr Baliram Hiray, in the legislative council last week, provides for arrest of AIDS patients and their detention in segregation camps.

A patient or AIDS virus carrier, who refuses to have necessary tests done can be arrested by a police officer without warrant and can be taken to the nearest police station and then to an Inspector of AIDS patients, according to the bill.

Though this is a non-official bill, it gains importance in view of the controversy over AIDS and the fact that Dr Hiray is a medical practitioner, who takes a keen interest in health issues in the legislature and is a former public health minister.

The bill is expected to come up for discussion in the legislative council in the winter session. It remains to be seen how the government reacts to the bill. The health minister, Mrs Pushpatai Hiray, is a sister-in-law and political rival of Dr Hiray. She has accused him of having sabotaged her campaign during the last assembly election in the Dabhadi constituency in Nashik district.

Dr Hiray has said in the statement of objects and reasons of the bill that the legislation was prompted by the grim warning from the World Health Organisation. Bold steps were necessary to prevent the spread of the deadly virus through measures like compulsory treatment and tests for HIV and ELISA.

The minister said he had drafted the bill after considerable study.

The bill provides that if the government finds that in any area a large number of people are likely to assemble, it may notify such areas and not allow AIDS patients to enter such areas unless they are residents of the area.

No suit, prosecution or legal proceedings shall lie against any officer or person in respect of anything done in good faith under the pursuance of the Act, the bill says.

A magistrate may release a patient if the latter gives a bond saying he or she would undergo medical treatment.

Sometime ago, Dr Avtar Singh Paintal, director of the Indian Council of Medical Research, had created a controversy by declaring that sexual relations between Indian and foreigners be prohibited to save India from the menace of AIDS.

One of the grounds on which the suggestion was opposed was that it would violate the citizens' right to privacy.

Dr Hiray, an Indira Gandhi loyalist, was in near political wilderness after being denied an assembly ticket in 1985. He was rehabilitated earlier this year by being nominated to the council. He had also figured prominently in the Lentin commission inquiry.

He was education minister in Mr A.R. Antulay's ministry and health minister in the next cabinet headed by Mr Babasaheb Bhosale. At one time, Mr Hiray was in the running for the chief minister's post.

## ISRAEL

### Drop in Number of 'New' AIDS Cases in 1990

*TA1810132190 Tel Aviv MA'ARIV in Hebrew 18 Oct 90 p A12*

[Report by Dalya Mazori]

[Excerpts] The life expectancy of AIDS victims in Israel is higher than the world average, Dr. Moshe Mashiah, the director-general of the Health Ministry, told MA'ARIV, asserting that this new phenomenon, which was only recently observed, is being investigated by the Health Ministry. [passage omitted on AIDS characteristics]

The Health Ministry's director-general reported another recent phenomenon: A drop in the number of new AIDS cases discovered in 1990 as compared to previous years. Over the last decade, 125 cases of AIDS were discovered in Israel, and there were 70 fatalities. In 1989, 27 new cases were discovered and seven people died. This year (until October) 15 new cases were diagnosed and four people died. The number of AIDS carriers located in Israel since the discovery of the virus is 526.

## BELGIUM

### 10 Million AIDS Babies Expected by Millennium

91WE0044A Brussels *LE SOIR* in French 26 Sep 90  
p 20

[Unattributed article—first paragraph is *LE SOIR* introduction]

[Text] Children of the year 2000, children of AIDS? Ten million babies will be afflicted with the virus by that date...along with their mothers.

If AIDS still knows no boundaries, it also knows no age, and its spread remains greatest in the most vulnerable populations and parts of the world. Ten million children will be infected by the HIV virus between now and the year 2000, Dr. Michael Merson, director of WHO's program to combat the disease, has just announced. He also stated that estimates of world virus-carriers have now reached 10 million, 700,000 of whom are newborns who inherited the infection from their mothers and of whom nearly a third (half in sub-Saharan Africa) will die before the age of five.

These are dramatic prospects which have sparked new concern among physicians about what is already called "pediatric AIDS." WHO's latest report is a cruel reminder: "The problem of perinatal transmission is worsening in both developed and developing countries as the number of infected women rises... In East Africa today, one adult in four is a virus-carrier."

These mothers increasingly afflicted with the disease will be the focus of discussions during the next World AIDS Day 1990. It is a special mark of attention that demonstrates the tragic consequences of certain discriminatory behaviors and of ignorance perpetuated at times with the complicity of local authorities. WHO estimates that 10 million people have been infected to date by the virus since the disease appeared. Three million of them are women, primarily in sub-Saharan Africa, in countries where they are the permanent victims of low social status and of arbitrary negation of their most basic rights. Some 200,000 women (or about 45 percent of the new cases) will be infected by AIDS next year and the figure should triple in 1992. In all, from 25 to 30 million people may be afflicted with AIDS between now and the end of the decade, the majority of them in Black Africa.

There is one slim hope, however: Studies made of mothers who did not transmit the disease to their children have detected substances in the blood that prevent contamination.

Dr. Montagnier, for his part, mentioned during a recent press conference in Mexico that AIDS was spreading very rapidly in Africa and especially in Asia, notably in India and Thailand, as well as in two South American countries, Brazil and French Guyana. The French discoverer of the virus stated that the rapid expansion of the

disease might be favored in Africa's case by the existence of infectious "cofactors" causing the most serious aspects of the illness.

"We are currently working on a group of small bacteria—microplasmas," said Dr. Montagnier, "and we have laboratory evidence suggesting that they are possible AIDS cofactors." Moreover, WHO predictions seem to confirm his dramatic evocation of the situation: There are expected to be 1.5 million seropositives before the end of the decade in Asia alone.

### In Switzerland, 31 Deaths in August

In Europe, one country symbolizes by itself all the devastating weight of the disease's rapid spread. Thirty-one people died of AIDS in Switzerland during August alone. The national death toll has thus risen to 834 patients, while 1,462 people, including 26 under 15 years of age, are now infected with HIV.

There is a single, meager consolation in this dramatic picture: According to the National Agency for AIDS Research (ANRS), the French national calculations made so far of 100,000 to 500,000 cases are thought to be slight overestimates. Based on the 12,000 cases declared in France since the virus appeared (of whom 6,000 are still living) and assuming an estimated incubation period of between nine and eleven years, the ANRS calculates there cannot be more than 200,000 cases in the country.

### Anti-AIDS Group Founded on ACT UP Model

91WE0044B Brussels *LE SOIR* in French 21 Sep 90  
p 21

[Article by Jo. M.: "Combatting AIDS in Belgium; A New Alternative Group"]

[Text] The fight against AIDS in Belgium? A drop of water in an ocean of things to be done! That, at least, is the opinion of ACT UP, still another action group that has just been created in Brussels on the model of organizations already existing in New York, London, and Paris.

Spurring this initiative by a score of young people close to AIDS circles is a single observation: the failure of official anti-AIDS policies. A failure in the realms of prevention, treatment, social support, and legal provisions.

"It's not enough to provide a budget for educational drives," explains Antoine Pickles, one of the founding members of the group.

"The drives have got to be targeted." For example, while epidemiological figures show a clear African connection, nothing is being done, according to ACT UP, to reach that population. "Matonge, the black quarter of Brussels, is teeming with seropositives. And they don't always use condoms! Mustn't we urgently break down the cultural barriers that stop them from doing so?"

With respect to treatments, ACT UP is demanding the marketing of certain products not always available on the Belgian market.

The organization wonders why such medications, already on sale in other countries, are being rejected. When the situation is somewhat urgent, are not all possible solutions worth trying?

As for social and legal support of patients and seropositives, ACT UP deems it virtually nonexistent. "The mandatory testing performed in certain Belgian companies is contrary to human rights," says Antoine Pickles. "Yet [employment] contracts are still being refused based on their results..."

As for the resources the organization will have for communicating its ideas, it receives no subsidies. To start with, ACT UP members will have nothing but odds and ends for filling their brand new piggy bank. Yet they consider that unimportant. With their meager savings, they have already established a whole program of educational and informational activities.

Starting 6 October, they will distribute tracts and brochures in the streets, in schools, and in nightclubs. "If we don't have the money to enclose a condom, we will throw in a small balloon!" finishes Antoine Pickles. "Isn't it the symbol that's important?"

## DENMARK

### **Study Examines Regional Sex Mores, AIDS Tie**

*91WE0031A Copenhagen BERLINGSKE TIDENDE  
in Danish 17 Sep 90 p 5*

[Article by Kirsten Sorrig: "Major Difference on Sex in North and South"—first paragraph is BERLINGSKE TIDENDE introduction]

[Text] There is a major difference in women's sexual mores simply based on where they live, according to a new study of women from Nykobing Falster, Copenhagen, and Nuuk in Greenland.

Women from Nykobing Falster, Copenhagen, and Nuuk in Greenland have had their sexual mores studied and compared in a new study published today in UGESKRIFT FOR LAEGER.

Among other things, the researchers who carried out the study looked at when the women, all of whom are between the ages of 20 and 39, had had their first sexual experience and how many men they have had as their sexual partners. Among other things, the results will be used to track changes in behavioral patterns, which are significant when dealing with sexually transmitted diseases, both the traditional ones and the HIV infection and AIDS.

There is a major difference in the sexual mores in Denmark and Greenland, the study shows. But there is

also a major difference in the sexual mores among women in a major Danish city and a Danish provincial town.

Women in Greenland have their first sexual experience earlier than Danish women. And they have more partners. Between 70 and 80 percent of the women in Nuuk had had their first sexual experience before their sixteenth birthday. The same was true for between 50 and 60 percent of the women in Copenhagen, while the figure for the women in Nykobing Falster was between 30 and 58 percent. Among the youngest women in the study there was no difference in the age at which the first sexual experience occurred among those in the two Danish towns, and in general it has gone down in all three places during the past 20 to 30 years.

There are also major differences in the number of partners. In Nykobing Falster, 20.4 percent of the women had had just one partner. The same thing was true of 10.7 percent of the women in Copenhagen and 1.7 percent of the women in Nuuk. And now, on the reverse side: In Nuuk, 22.4 percent had had over 40 partners. The same was true of 3.5 percent of the Copenhagen residents as contrasted with 0.3 percent of the women in Nykobing Falster.

### **Greenland AIDS, Venereal Disease Statistics**

*91WE0031B Copenhagen BERLINGSKE TIDENDE  
in Danish 20 Sep 90 p 6*

[Unattributed article: "Nineteen HIV Positives in Greenland"]

[Text] In 1990, three cases of HIV infection were reported in Greenland. One of these was a woman. Altogether 19 HIV positive individuals have been discovered in Greenland. Three individuals have developed AIDS, two of whom have died. In 1990, fewer cases of sexual diseases were reported than in the previous year. Thus, in the first three quarters [of 1990], there were 137 cases of syphilis—12 percent fewer than in 1989—and 1,532 cases of gonorrhea—eight percent fewer than for the same period in 1989.

### **Authorities Offer Explanation for Drop in AIDS Cases**

*91WE0054A Stockholm DAGENS NYHETER  
in Swedish 17 Oct 90 p 8*

[Article by Christian Palme: "Fewer New AIDS Cases: Unique Methods Alter Trend in Denmark"—first paragraph is DAGENS NYHETER introduction]

[Text] Denmark boasts fewer new AIDS cases this year than last year. This is the first time since the beginning of the AIDS epidemic in the early 1980's that the curve showing new AIDS cases has gone down just a little.

The small-scale drop in AIDS figures was reported by the AIDS secretariat at the Danish Board of Health. Compared with 171 new AIDS cases last year, it can now be

foreseen that this year's final figures will not rise much above 164, according to the AIDS secretariat.

During the early years of the epidemic, the number of AIDS patients increased explosively. Doubled statistics from one year to the next were not unusual. For the past few years, however, the curve has been flattening out, and it is now definite that it is decreasing.

"Statistics show that the spread of the infection slowed down in the mid-1980's," Henning Jorgensen of the AIDS secretariat told DAGENS NYHETER.

AIDS was first detected in 1983, but it took several years before knowledge of the disease and the best methods of self-protection trickled down among high-risk groups such as homosexuals and narcotics addicts. For the past few years, the trend has been that the number of heterosexual AIDS patients has increased, but according to Henning Jorgensen there is no risk of an AIDS explosion among the heterosexual population.

Another possible explanation for the falling numbers of new AIDS patients is the use of the slowdown medicine Retrovir, which is now regularly used on HIV-infected persons.

"Retrovir stops the outbreak of AIDS, but that is only part of the explanation for the downward trend," Jorgensen continued.

The third reason, which explains why it is only in Denmark that a lower number of new AIDS cases has been registered, is the Danish policy on needle-using drug addicts. In Denmark it is completely legal for addicts to buy clean hypodermics at the drugstore. In Copenhagen, the hypodermics are actually free of charge.

## FINLAND

**Number of HIV-Infected Shows Upturn**  
*91WE0015A Helsinki HELSINGIN SANOMAT  
in Finnish 13 Sep 90 p 5*

[Article: "Depressing Year of HIV Infections. Number of Cases Detected in Finland Rises to Record Level"]

[Text] The number of new HIV infections will rise to an all-time record this year. Already yesterday the Medical Board's statistics showed 65 new cases this year. The worst record to date was in 1986, when 67 new infections were recorded. Last year only 39 new cases were discovered.

The rapid rise in infections, however, has not moved decisionmakers to give the Medical Board or the AIDS Support Center additional funds for instruction concerning AIDS.

The Medical Board would require an appropriation of about 3 million markkas just for AIDS enlightenment. The AIDS Support Center's branch offices face the

threat of closure for three weeks at the end of the year unless at least an additional couple of million markkas can be obtained.

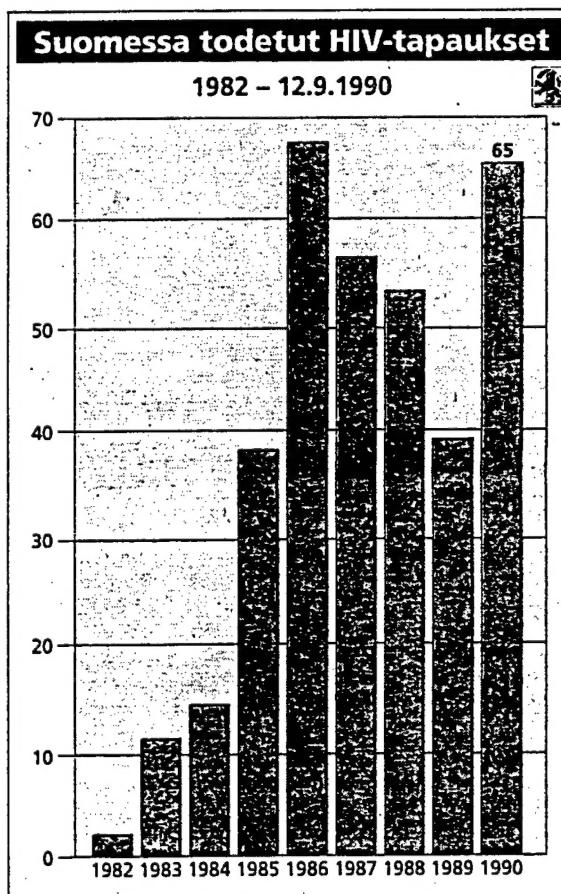
### Faith in One's Own Good Luck Has Increased

"Although Finns' consciousness of the dangers of AIDS is quite good, the belief in one's own immunity has increased in recent years. Just during the past year, a whole new generation of homosexuals, who have not yet been startled by the sensational news from the middle of the last decade, have reached the age of sexual activity," said Satu Hovi, an inspector from the Medical Board.

A second population group prone to HIV infection is composed of tourists seeking sex in the southern countries, who consider themselves Lady Luck's favorites. This year, out of 16 cases in which the infection occurred for sure in heterosexual relations, nine Finns and seven foreigners caught the disease. Of the nine Finns, eight were infected abroad.

This year 12 of those infected were women, of whom four were foreigners.

HIV Cases Recorded in Finland



Half of those infected this year did not know the source of infection. According to Hovi, the situation is very difficult because the intention is to direct information toward the high-risk groups.

#### **Not All Physicians Ask About Source of Infection**

"Sometimes a patient does not really know where he received the infection, if there were several possibilities. Not all physicians ask about the source of infection, even though the Contagious Disease Law clearly requires this. Some physicians are of the opinion that patients must not be labeled by prodding them to reveal the source of the infection."

Not a single new HIV infection among Finnish intravenous drug users was reported to the Medical Board this year.

"I do not believe this statistic. It is quite certain that there is a drug addict or two among the group of over 30 cases in which the source of infection is unknown," Satu Hovi hypothesized.

Out of the total of 647 HIV-infected persons in Finland 67 have come down with AIDS. Of these 36 have died and 4 have left the country.

#### **3 Million Markkas to Prevent AIDS and Whooping Cough**

The Medical Board has prepared plans for disseminating information about AIDS to the whole country through the media, but money is lacking for the campaign.

"We have a budget of a little over 3 million markkas from which we manage prevention and research on all infectious diseases. When a whooping cough epidemic breaks out in Ii, part of our funds go for that. Studying and caring for whooping cough is important too, of course, but our funds do not increase at all no matter how many local epidemics there are," Satu Hovi said.

We need an appropriation of about 3 million markkas a year just for AIDS education. We have appealed for additional funds many times, most recently for a 3-million-markka supplementary budget. Already during the hearings the amount shrank to 680,000 markkas, and I do not know whether we will receive even that."

If the Medical Board received the additional funds Hovi wants, the training of health care personnel and some youth support people would be started right away in addition to press releases.

#### **AIDS Support Center Faces Threat of Closure When Money Runs Out**

The AIDS support centers operating in Helsinki, Turku, Tampere, Kuopio, and Oulu face the threat of closure for the last three months of the year. The support center payrolls now have 11 persons, of whom five are at the Helsinki branch.

The AIDS Support Center receives the greater part of its approximately 2.5-million-markka annual budget from the Rahaautomaattiyhdistys [Finnish Slot Machine Association]. This year the funds have almost run out, and there has been no response to the request for additional funds.

One of the more important kinds of operations in the center is a hot-line telephone that anyone who fears an HIV infection, has contracted an HIV infection, is suffering from AIDS, or wants information about it can call.

The Center also offers the services of physicians, psychiatrists, lawyers, theologians, and support personnel.

The Support Center carries out AIDS education and prevention by distributing its own publications and providing lecturers at various events.

## **SWEDEN**

#### **Minister Defends AIDS Policies**

*90WE0362A Stockholm DAGENS NYHETER  
in Swedish 4 Sep 90 p 4*

[Guest commentary by Social Affairs Minister Ingela Thalen—first paragraph is DAGENS NYHETER introduction]

[text] "Sweden implements the European Council's recommendations in all areas except where they are in conflict with our laws," Social Affairs Minister Ingela Thalen writes in a reply.

In the DAGENS NYHETER debate of 17 August, the sociologist Benny Henriksson criticized the Swedish AIDS policy, particularly the government's statements in the Council of Europe on ethical questions and HIV.

The recommendation he refers to was adopted in October 1989. To put it mildly, the tone of his article is extreme. He gives a badly misleading picture of the policy Sweden is following.

Sweden's Riksdag has, in broad political unity, decided upon a law—the protection against infection law—that allows society in the most extreme emergency to act against individuals who inconsiderately and consciously expose others to the risk of infection with HIV. It is this law that is the basis of Sweden's actions in the Council of Europe.

The government naturally had to follow Swedish law and act in accordance with the Riksdag's decision. Obviously in the shaping of the European Council's recommendation, just as in other situations, we had to give an account of our laws.

Of necessity this means that Sweden cannot sign a binding document or its recommendations if they conflict with our present laws.

In many international organizations, particularly in the World Health Organization and in the United Nations, Sweden has fought against discriminatory elements in the AIDS policy followed by certain groups in the world. For example, we have strongly protested against the discriminatory decisions that require HIV testing at borders and that are directed against immigrants, refugees, HIV-positives, and other groups.

We have broad policy unity on the manner in which we combat AIDS. Everyone is agreed that the spread of infection can be combatted primarily through intensive efforts at disseminating information and at education.

It is primarily in three areas that Sweden has reported differences with the European Council's recommendations:

1. The first area is "the rights of HIV-positives." On this point, Sweden has said that we have rules that have been made into law that put HIV-positives under certain obligations, among which are not to spread the infection further.

2. The second area has to do with the rules of HIV testing. Here we have said that Swedish AIDS policy certainly provides for voluntary HIV testing, but that there are exceptions. For example, the Riksdag has passed a law allowing a rape victim to demand that the perpetrator be tested for HIV if he does not do so voluntarily.

3. The third point is the question of forced isolation that I have already reported on. The Social Affairs Ministry now has the task of evaluating how forced treatment has functioned in practice according to the law of protection against infection.

We must direct our efforts according to their effectiveness—what treatment, what help, shall those who are infected and those who are in forced isolation receive.

Sweden has said that the recommendations of the European Council's Committee of Ministers are in large part completely in agreement with the direction Swedish AIDS policy has taken. In Sweden, many resources and great efforts have been directed toward preventive work that is completely in the spirit of the recommendations. It is obvious that the recommendations—those that do not conflict with Swedish law—will be implemented in our country. This applies also to the general recommendation, which Sweden agreed to as early as 1987, for a common European health and medical care policy in the struggle against AIDS.

The government is not carrying out any policy of defiance. We give account of what we stand for, and we defend the direction we have taken in AIDS work in broad policy unity.

Henriksson has a different opinion on certain questions. But when he accuses the government of lack of respect for human rights, he is mistaken.

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